JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42438

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 739

City Jefferson Barracks, Mo (No. U.S. Veterans' Hospital, Jeff. Bks., Mo. St. Ward)

2. FULL NAME Edward O. Bricken

(a) Residence. No. Route #35, Florisant, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

I. R. Wagner, M.D.
Med. Officer in Charge
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edward O. Bricken.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	6	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.

(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Lebanon,
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Unavailable

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT Dr. F. C. Walsh, M.D.
(Address) U.S. Veterans Hosp., Jeff. Bks., Mo.

15. Dec. 26 1928 FILED L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from December 1, 1928, to December 24, 1928 that I last saw him alive on December 24, 1928 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Anemia, symptomatic; syphilis

N.O. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-ray, Laboratory findings.

(Signed) E. H. Gibbons, M.D.
Medical Officer,
(Address) U.S. Veterans' Hospital, Jefferson Bks., Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cemetery. — DATE OF BURIAL Dec 27 1928

20. UNDERTAKER C. Hoffmeister & Co. — ADDRESS 2814 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.