

OCT 9 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **ST LOUIS MO** (No. **ST. ANTHONY**)

File No.

Registered No. **9881**

St. Ward)

2. FULL NAME **Mr. Langley Briddell**(a) Residence, No. **4138 CASTLEMAN ST., AV. 17** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**MARRIED**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR WIFE OF)**MAUDE BRIDDELL**

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

JAN 5-1896

7. AGE

YEARS
40MONTHS
8DAYS
24If LESS than 1
day, hrs.
or, min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**INDIANA**

13. NAME

WALTER BRIDDELL14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**INDIANA**

15. MAIDEN NAME

CLARA LEWIS16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**INDIANA**17. INFORMANT
(ADDRESS)**MAUDE BRIDDELL
4138 CASTLEMAN AV**

18. BURIAL, CREMATION, OR REMOVAL

NATIONAL CEMETERY Oct, 2, 193619. UNDERTAKER
(ADDRESS)**E. J. Schmur,
3125 Lafayette Ave.
J. Bredeek**

20. FILED

SEP 30 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 29**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from
Sept 24, 19**36**, to **Sept 29**, 19**36**I last saw him alive on **Sept 29**, 19**36**. Death is saidto have occurred on the date stated above, at **6 a.** m.

The principal cause of death and related causes of importance were as follows:

Chronic NephritisDate of onset
7 yrs.

Other contributory causes of importance:

**Arteriosclerosis, General
Myocarditis, Chronic**Name of operation **None** Date of **no**What test confirmed diagnosis **Physical Exam** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury **no**, 19**no**Where did injury occur? **no**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**Nature of injury **no**24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed)

R. P. Laurel, M. D.(Address) **512 Beaumont Bldg.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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