

FILED JUN 22 1940

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

18778
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson Registration District No. 421
(b) Township Primary Registration District No. 4249
(c) City Festus (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME ¹⁰²⁰ Thomas Coke Brickey, Sr.
(a) Residence, No. Festus Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Ann Brickey (Carpenter)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 81 10 24
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) 4/25/40 11. Total time (years) spent in this occupation 40 Yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brickeys Landing Missouri
FATHER 13. NAME John. C. Brickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri
MOTHER 15. MAIDEN NAME Emily Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village Missouri
17. INFORMANT Miss Lydia Brickey (ADDRESS) Festus Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE May 7, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester-Vinyard 282 Festus Mo.
20. FILED May 10 1940 G. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1940
22. HEREBY CERTIFY, That I attended deceased from April 26 to May 5, 1940
First saw him alive on May 5, 1940 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis with Coronary Disease
Other contributory causes of importance: Acute Pulmonary Congestion, Terminal Pneumonia
Name of operation Cholecystectomy Date of operation May 4, 1940
What test confirmed diagnosis? Cholecystectomy Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. J. [Signature] M. D.
(Address) Crystal City Mo

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.

1 X14023

93c

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18778

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 421

Primary Registration District No. 4249

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Thomas Coke Brickey Sr.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced, wid

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 24 If less than one day hr min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 5 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary artery with Coronary disease

Due to

Due to

Other conditions acute pulmonary Congestion, Terminal

Major findings: pneumonia - Of operation Bronchial

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. Commerford M. D. or other

Address Crystal City, Mo. Date signed

SUPPLEMENTAL

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

WENIA MOORE

PHYSICIAN

Underline the cause to which death should be charged statistically.

