

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6844

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 30 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME ARTHUR Putnam Brigham

8. (b) If veteran, name war NAME 3. (c) Social Security No. 486-14-7508

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Sidney C Brigham 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 18 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation LUMBER AGENT AMERICAN

11. Industry or business CART Foundry Co

12. Name ORLANDO M. BRIGHAM

13. Birthplace MADISON Co NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name ABRIEL Putman

15. Birthplace MADISON Co NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Putnam Brigham Jr.

(b) Address 27 Algonquin Wood, Webster Groves, Mo.

17. (a) Burial (b) Date thereof Aug 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Webster Groves

(b) Address Webster Groves

19. (a) AUG 12 1940 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES NR
(If outside city or town limits, write "RURAL")
(d) Street No. 208 So Gore Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1940 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 27, 1939 to Aug 11, 1940
that I last saw him live on Aug 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Chronic 14mo
Arteriosclerosis 4 yrs
Due to Hypertension 4 yrs
Coronary Infarction 4 hrs
Due to General arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Ralph E. Gustafson (M. D. or other) _____
Address Webster Groves Date signed 8/12/40

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

SEP 25 1940

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

Quinn B. Lang

Licensed Embalmer No.

1381

P. O. Address

Webster Graves 70

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.