

Registration District No. **228**

Primary Registration District No. **3017**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Culler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 days
In this community 5.8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.A.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALBERT FREDRICK BRIEGEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Elizabeth Briegel 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 1 1963
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Valentine Francis Briegel

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

14. Maiden name Rosetta Amelia Newberry

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

16. (a) Informant Rosetta A. Barton
(b) Address Phoenixville Pa

17. (a) Burial (b) Date thereof Oct 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Structure Cemetery

18. (a) Signature of funeral director E. G. Robertson
(b) Address Tarboro Mo.

19. (a) 10-17-41 (b) Sheneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1941 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 12 1941 to Oct 14 1941
that I last saw him alive on Oct 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sanguinous Appendicitis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 12/11
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 E. G. Robertson (M. D. or other) _____
Address Trenton Mo. Date signed 10/15/41

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

740
1
2

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.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address.....

Tarboro, Md.

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.