

U. S. No. 2
FORM-2-43
Rev. 5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21913

State File No. _____
Registrar's No. 84

FILED JUL 15 1944

Registration District No. _____ Primary Registration District No. 3036

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 West Locust St.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town St Clair 3
(If outside city or town limits, write "RURAL") 10
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma A Briegleb
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Dr Charles Briegleb 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 30 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6th
year 1944 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 3 1944 to July 6 1944
the last seen alive on July 6th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 2 6 hr. min.
9. Birthplace ? Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Immediate cause of death Acute Haemorrhage Duration 1 Day
Due to Duodenal Ulcer year
Due to 17a
Other conditions Arteriosclerosis year
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name C Antlis
13. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna L Wagoner
15. Birthplace ? Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Dr Charles Briegleb
(b) Address St Clair Mo.
17. (a) Removal (b) Date thereof 7/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Clair Mo.
18. (a) Signature of funeral director Casey & Lamm
(b) Address St Clair Mo
19. (a) July 6 1944 (b) Charles Briegleb
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none
Of autopsy Chronic Duodenal ulceration with blood near pylorus
22. If death was not 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 Kenneth L. Kelley (M. D. or other) M.D.
Address Aurora, Mo. Date signed July 6 1944

PHYSICIAN
Underline the cause to which death should be ascribed by the physician

RECEIVED

District Health Officer No. 6,

District File Number 744-779

Date Filed JUL 11 1944

JUL 27 1944

FEB 21 1951

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo

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, fact should be so stated above.