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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 38955

Registrar's No. 11523

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo-5days (Specify whether

In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1104 So. 9th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME EDWARD C. BRIKEEN

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 27 (Day) 1882 (Year)

8. AGE: Years 63 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Giles County Tenn. / (City, town, or county) (State or foreign country)

10. Usual occupation SAW-MILL Laborer

11. Industry or business Retired

FATHER
12. Name JAMES ALVIN BrickEEN
13. Birthplace — Tenn. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DUNCAN
15. Birthplace Unknown ? (City, town, or county) (State or foreign country)

16. (a) Informant William BrickEn /
(b) Address 1626 So. Grand Bl /

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) DEC 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1945 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 11/23/45, 19..., to 12/28/45, 19...; that I last saw him alive on 12/28/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Complicated with Cerebral Arteriosclerosis

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

23. Signature Philip F. D. Sieb (M. D. or other) M.D.
Address 1515 Lafayette Ave Date signed 12-28-45

(Licensed Embalmer's Statement on Reverse Side)

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

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 C. H. Cooper

Licensed Embalmer No. 3880

P. O. Address 2317 Lafayette Ave

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.