

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6919

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3069 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2-WKS.		d. STREET ADDRESS (If rural, give location) Forest Park Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) John Brownrigg			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1949		
a. (First)	b. (Middle)	c. (Last)	5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH Aug. 24, 1902	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 22	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Banker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Richard T. Brownrigg Sr.		13b. MOTHER'S MAIDEN NAME Helen Vevore	
14. NAME OF HUSBAND OR WIFE Elizabeth Brownrigg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Brownrigg		HOTEL ADDRESS Forest Park			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Insufficiency		DUE TO (b) Cirrhosis of the liver			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 2/4/49		19b. MAJOR FINDINGS OF OPERATION Cirrhosis of the liver			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/1</u> , 19 <u>49</u> , to <u>2/15/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/15/49</u> , 19 <u> </u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harry K. Purcell M.D.		23b. ADDRESS 4660 Maryland, St. Louis, Mo.		23c. DATE SIGNED 2/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Donnelly		ADDRESS 3840 Lindell Blvd.	

DATE REC'D BY LOCAL REG. 2-18-49		REGISTRAR'S SIGNATURE Frank V. Lunn		25. FUNERAL DIRECTOR'S SIGNATURE Donnelly	
				ADDRESS 3840 Lindell Blvd.	

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

96 966

MAR 6 1950

DEC 31 1957

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.