No. 300
10-48

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

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39689

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4441

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 71 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Illinois
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quincy
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) -- c. (Last) BRICKMAN
4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married-Sepr.
8. DATE OF BIRTH: Feb. 15, 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Odessa, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Morris Brickman
13b. MOTHER'S MAIDEN NAME: Elizabeth (Unknown)
14. NAME OF HUSBAND OR WIFE: Leota
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SPAW & WW-I
16. SOCIAL SECURITY NO.: 323 20 5242
17. INFORMANT'S SIGNATURE OR NAME: VA Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF BLADDER WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 181X

19a. DATE OF OPERATION: 10/27/49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder 181X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 8, 19 49, *to* Nov. 18, 19 49, ~~*that I last saw the deceased alive on* 19~~ *and that death occurred at* 9:00 am., *from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Stilwell (Degree or title)
L. E. STILWELL, M.D., Chf. of Prof. Services
23b. ADDRESS: VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED: 11-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-18-49
24c. NAME OF CEMETERY OR CREMATORY: QUINCY ILLINOIS
24d. LOCATION (City, town, or county) (State): QUINCY, ILLINOIS

DATE REC'D BY LOCAL REG.: 11-18-49
REGISTRAR'S SIGNATURE: Herbert R. Wonke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hoffmeister L. & U. Co. St. Louis, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.