

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14379

State File No.

1003

Registrar's No. 3889

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|--|--|--|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD | | 4554 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp | | | d. STREET ADDRESS (If rural, give location) 7542 FLORA AV. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Bertram c. (Last) Briddell | | | 4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 50 | | |
| 5. SEX 0 MALE | 6. COLOR OR RACE -W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH JUNE 13-1893 | 9. AGE (in years last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 2 HRS. |
| 10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Mo Pac RR | 11. BIRTHPLACE (State or foreign country) INDIANA | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME WALTER B. BRIDDELL | | 13b. MOTHER'S MAIDEN NAME CLARA LEWIS | | 14. NAME OF HUSBAND OR WIFE MARTHA BRIDDELL | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Martha Briddell 7542 Flora Av | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus, R-L-L. ANTECEDENT CAUSES DUE TO (b) Cardiac congestion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: -- DUE TO (c) Calcified aortic valve II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days 4 yrs. |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) 4500 | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from Apr 20, 1950, to Apr 27, 1950, that I last saw the deceased alive on Apr 27, 1950, and that death occurred at 6:59 m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Robert A. Huckstep M.D. | | 23b. ADDRESS 1755 So. Grand | 23c. DATE SIGNED 4/27/50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE May 1-1950 | 24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS | 24d. LOCATION (City, town, or county) (State) St. Louis MO | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 28 1950 J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 LAFAYETTE | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joseph B. Dollmer

Licensed Embalmer No. _____

P. O. Address _____

212/4
3125 Pulverite

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.