

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35693

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2472	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) Koch (rural)		c. LENGTH OF STAY (In this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		7149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				d. STREET ADDRESS (If rural, give location) 6726 Waldemar			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) - c. (Last) Briggenhorst			4. DATE OF DEATH (Month) (Day) (Year) October 13, 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 3-2-80	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Higginsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fritz Briggenhorst			13b. MOTHER'S MAIDEN NAME Lena ??		14. NAME OF HUSBAND OR WIFE Lillie Belle ? (deceased)		
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 ADDRESS Hospital Records, Robt. Koch Hospital			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis					INTERVAL BETWEEN ONSET AND DEATH ??
		ANTECEDENT CAUSES Morbidity 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.					702X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002 ✓					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 10-6-50 , 19 50 , to 10-13-50 , 19 50 , that I last saw the deceased alive on 10-13-50 , 19 50 , and that death occurred at 3:55P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ellis S. Lepaint M.D.			23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 10-14-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-16-50	24c. NAME OF CEMETERY OR CREMATORY St. MATHEWS		24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.		
DATE REC'D BY LOCAL REG OCT 14 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY O. Smith - 7456 Manchester Maplewood, Mo.			

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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 Robert T. Sargent

Licensed Embalmer No. 4290

P. O. Address St Louis 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.