

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38306**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9699**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. STATE <b>Mo</b>	b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal St.</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>GEORGE</b>	b. (Middle)	c. (Last) <b>BRIESACHER</b>	<b>Nov. 13, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-19-1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <b>54</b>
		11. BIRTHPLACE (State or foreign country) <b>Milstadt Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Henry Briesacher</b>	13b. MOTHER'S MAIDEN NAME <b>Hermina Mueller</b>	14. NAME OF HUSBAND OR WIFE <b>Paula Briesacher</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paula Briesacker 3307 Michigan</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 yrs 6X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Paresis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>025X</b>

22. I hereby certify that I attended the deceased from **July 3, 1939**, to **Nov. 13, 1950**, that I last saw the deceased alive on **Nov. 13, 1950**, and that death occurred at **4:25 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Mueller M.D.</b>	23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>11/13/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-16-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>

DATE RECD BY LOCAL REG. <b>NOV 15 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Laska</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moydell Funeral Home 1926 Allen</b>
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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 me

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed Dale A. Traumann

Student Embalmer No. ....

Licensed Embalmer No. 4533

P. O. Address Louis M

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.