

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Reg. #90113

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH  
 a. COUNTY ST. LOUIS  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.  
 c. LENGTH OF STAY (If in this place) 24 Days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETS ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2119  
 d. STREET ADDRESS (If rural, give location) 11421 Deer Street

3. NAME OF DECEASED (Type or Print)  
 a. (First) CHESTER b. (Middle) \_\_\_\_\_ c. (Last) BRIGHTLY  
 4. DATE OF DEATH (Month) (Day) (Year) 12-15-50

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
 8. DATE OF BIRTH 1-5-94 9. AGE (In years last birthday) 55 56 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) MOULDER  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN W. BRIGHTLY 13b. MOTHER'S MAIDEN NAME MARY GARDNER 14. NAME OF HUSBAND OR WIFE HENRIETTA BRIGHTLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I  
 16. SOCIAL SECURITY NO. 489-10-1343 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CARCINOMA OF STOMACH  
 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 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.  
 INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 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 11-21-50, to 12-15-50, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE L.C. Stilver M.D. (Degree or title) 23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO. 23c. DATE SIGNED 12-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Dec. 18, 1950 24c. NAME OF CEMETERY OR CREMATORY ST. PETERS 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 12/18/50 REGISTRAR'S SIGNATURE Herbert R. Romke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALEXANDER & SONS FUNERAL HOME, St. Louis, Mo.

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

4000

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Jos. E. McCulloch*

Signed.....

Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 61709 Palma

**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.