THEORY EB 10 1953 REG. DIST. NO. 3/7 PRIMARY REG. DIST. NO. 500 Registror's No. 3 8 Land Property of the Computed Street of the Computed	300	XCNONE THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH								425	53
A PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (It subtides computed limits, write RURAL and street of the control of the county) b. CITY (It subtides computed limits, write RURAL and street of the control of the county) control of the county of the co	ه) سمم	"	53		7/7	_		CAN	•	386	-77 P944 0014 Lpg
TOWN JEFFERSON BRKS., MO. township) 1 JANSBERS 1 JANSBERS 1 JANSBERS 1 JANSBERS 1 JANSBERS 2 JANSBERS 2 JANSBERS 3 NAME OF CIT and is benefited or institution, drive street address or locations 1 JANSBERS 3 NAME OF CIT and is benefited or institution. The Company of		1. PLACE OF DEATH	ouis			2. USUAL. a. STATE	RESIDENCE (Where deceased live	d. If institu	tion: reside	uce before
Content of the cont	_	b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BRKS., MO. township) STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON					
Continue	COE	INSTITUTION ETERA	hospital or inst	titution, give etrest INISTRATI	address or location) ON HOSPIT	d. STREET ADDRESS	متراقعان م	_	T	8	
Second process Seco		J. NAME OF a. (Fin	st)	b. (Middle)		c. (Las	•	4. DATE (I OF DEATH 1	DATE (Month) (Day) (Year) OF 1-31-53		
Second process Seco	ANEN	MALE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spedity) MARRIED				9. AGE (In years of thotal last birthday) Months		AR F DEC	
Second process Seco	PERM	done during most of working life, even if retired) MACHINIST		DUSTRY				- /	12. CO		OF WHAT
18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c) 20. This does not men at the mode of stying, such a heart failure, esthemic est. It means the difference in the mode of stying, such a heart failure, esthemic est. It means the difference in the mode of stying, such a heart failure, esthemic est. It means the difference in the mode of stying and (c) stating. 21. OTHER SIGNIFICANT CONDITIONS 22. In the other of the disease or condition counting death. 23. DATE OF OPERA. Sp.: MAJOR FINDINGS OF OPERATION NONE 24. ACCIDENT 25. In the other of the disease or condition counting death. 25. In the other of the disease or condition counting death. 26. COUNTY) 27. In the other of the disease or condition counting death. 28. ACCIDENT 29. MAJOR FINDINGS OF OPERATION NONE 21. ACCIDENT 21. ACCIDENT 21. ACCIDENT 21. ACCIDENT 22. In the other of the disease or condition counting death. 22. I hereby certify that attended the deceased from 1-30-53, 19, to 1-31-53, MEXIXX/MASIMPHANIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	∢ ′	CARL BRACHT		EMMA LINSI							
Enter only one osuse per line for (a), (b), and (c) This does not mean the mode of stying, such as heart failure, authentia, at the failure of the	MAK.	(Yos. no, or unknown) (If yes, give	service)	7123766 ^{NO.}	VA HOSPITAL RECORDS, JEFF BRKS				ADDRESS , MO.		
*This does not mean the mode of sying, such as heart failure, eathernia, it is to the above cause (a) stating. The mode of sying, such as heart failure, eathernia, itse to the above cause (a) stating. The means the discase of the mode of sying, such as heart failure, eathernia, itse to the above cause (a) stating. DUE TO (c) To Monitors contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERA. 19b. MAIOR FINDINGS OF OPERATION NONE 21a. ACCIDENT SUCIDE WHOMCIBE 21d. TIME (Month) (Day) (Year) (Hour) (Hour) (STATE) DOMNING (Month) (Day) (Year) (Hour) (Hour) (Hour) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) (Hour) (Hour) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) (Hour) (Hour) (Day) (Year) (Hour) (STATE) 21d. Time (Month) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Ho	INK	Enter only one osuse per 1. DISECTIVE ACCUSTON								NTERVAL B ONSET AND	DEATH
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Ornditions is instributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION NONE 21a. ACCIDENT (Bpselty) [21b. PLACE OF INJURY (e.g., in or about boms, farm, fectory, street, office bidg., sea.) 21d. TIME (Month) (Day) (Year) (Hour) [21c. INJURY OCCURRED of the williest of the death occurred at 11:00P m., from the causes and on the date stated above. 22. I hereby certify that attended the deceased from 1-30-53, 19, to 1-31-53, MEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		I THE GOES THE THEORY									
21a. ACCIDENT (Bpecity) S1b. PLACE OF INJURY (a.g., in or about SUICIDE Some, farm, factory, street, office bldg., star.) 21d. TIME (Month) (Day) (Year) (Hour) Signature SUICIDE Some, farm, factory, street, office bldg., star.) 21d. TIME (Month) (Day) (Year) (Hour) Signature SUICIDE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Above: a signature Signature Suicide Signature Sui	BIL	ease, injury, or complica-		UQ.	E TO (c)			market and the second s	,	. * -	
21a. ACCIDENT (Bpeelly) 21b. PLACE OF INJURY (a.g., in or about 50 ms, farm, fastory, street, office bldg., ste.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. (NJURY OCCURRED WHILE AT WORK AT	VIOV	Condi related	tions contribut to the disease	ing to the death bu or condition causi	it not ng death.	1999			7		
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Za. SIGNOTH LINCOIT (Degree or title) A.D. OVET ADM HOSP, JEFF BRKS, MO. 21. DATE SIGNOTH S	ä	-INJURY					INJURY OCCUR?	<u>-1,-,- + -</u>		_·	
Milton H. Lincoll M.D. VET ADM HOSP, JEFF BRKS, MO. 2-1-53 24a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State 100, REMOVAL (Specify) 2-2-53 Alton, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SOULT BE TO 1 LUNG 13 HOME	AFR										
DATE REED BY LOCAL REGISTRARYS SIGNATURE SOUL DE PLUDE TALLE MADDRESS SOUL DE TREE. ADDRESS	7	Milton H. Lincolf M.D. O VET ADM HOSP, JEFF BRKS, MO.									
I A A REG. // * // JAD LA // " / SOUTHERN FUNETAL HOME	WKIT	kemoval 4	-2-53		AME OF CEMETER	, et et al. 1. Saint	Alto	n, Mo•			tate)
(Licensed Embelmer's Statement on Reverse Side)		2-2-57 REG. HE	STRABYS SIG	R.Don		6322 5	Grand 4	Home L Home	ADDR	E 39	

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

Licensed Embalmer, No

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.