

3. No. 300
EV. 10.48

03603

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5384

FILED FEB 24 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5437 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> <u>4607</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>on Hi-WAY 66</u>		d. STREET ADDRESS (If rural, give location) <u>311 N. ROCK HALL RD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD IRVIN</u> b. (Middle) <u>BRUMBAUGH</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 14 1953</u>		
---	--	--	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 16, 1890</u>	9. AGE (in years last birthday) <u>62</u> MONTHS <u>6</u> DAYS <u>28</u>	IF UNDER 1 YEAR IF UNDER 2 HRS. IF UNDER 2 MINS.
--------------------	-------------------------------	---	---------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ARCHITECT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DENISON TEXAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>DAVID IRVIN BRUMBAUGH</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ARNOLD</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE BRUMBAUGH</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. B.E. Lischer Webster Groves, Mo.</u>	ADDRESS _____
---	--	---	---------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>432-24-0610 MEDICAL CERTIFICATION</u> <u>Fracture of skull & neck</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Injuries, Insulin</u> DUE TO (c) _____		
	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) <u>Accident Highway #66</u>	21b. PLACE OF INJURY (e.g., in or about home, in car, factory, street, office, field, etc.) <u>Highway #66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan Franklin Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 14, 1953 4:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident #66</u>
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest P. Oltmanns</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>Feb. 14, 1953</u>
---	------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-17-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-16-53</u>	REGISTRAR'S SIGNATURE <u>W.A. Proctor</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Albrecht</u> ADDRESS <u>Fun Home Webster Groves</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

mo

FEB 6 1953

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 *Leslie Holark*

Licensed Embalmer No. *4392*

P. O. Address *Helena Groves*

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.