.S. No. 300
EV. 10.48

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8222

State File No. .....

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 428

4005
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rich Hts Mo
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Mary's Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton Mo 4462
d. STREET ADDRESS (If rural, give location) 6443 Clayton Road 1

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) 1 c. (Last) BRINGES

4. DATE OF DEATH (Month) FEB (Day) 2 (Year) 1953

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1
8. DATE OF BIRTH AUG 16 1893
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months 5 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY
10b. KIND OF BUSINESS OR INDUSTRY SELF-Law
11. BIRTHPLACE (State or foreign country) SEDALIA Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LOUIS A. BRINGES
13b. MOTHER'S MAIDEN NAME MAMIE EDINWIDDIE
14. NAME OF HUSBAND OR WIFE PAULINE BRINGES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWAR#1
16. SOCIAL SECURITY NO. 489-20-43
17. INFORMANT'S SIGNATURE OR NAME Pauline Bringes 6443 Clayton Rd 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Thrombosis — 1 day
DUE TO (c) Coronary Arteriosclerosis — 2 yrs

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 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
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* Aug 1, 1952, *to* Feb. 2, 1953, *that I last saw the deceased alive on* Jan. 15, 1953, *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE James P. Murphy, Det. D. O. (Degree or title)
23b. ADDRESS 607 W. Grand Blvd
23c. DATE SIGNED 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB 5-1953
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM
24d. LOCATION (City, town, or county) ST LOUIS CTY (State) Mo.

DATE REC'D BY LOCAL REG. 2-4-53
REGISTRAR'S SIGNATURE Herbert R. Dauch - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE H. Bocklage 6536 Clayton Rd ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

APR 15 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 John L. Dunneky

Licensed Embalmer No. 4194

P. O. Address .....

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.