

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

11322

State File No.

MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2449**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richwoods 1100	
c. LENGTH OF STAY (in this place) 25 dys		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital			

3. NAME OF DECEASED (Type or Print) David	a. (First)	b. (Middle) Lincoln	c. (Last) Brumbaugh	4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 53
-----------------------------------------------------	------------	-------------------------------	-------------------------------	----------------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 3, 1860	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	--------------------------------------------	-------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Timber Wkr	11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME Samuel Brumbaugh	13b. MOTHER'S MAIDEN NAME Catherine McKeethen	14. NAME OF HUSBAND OR WIFE Isabella Brumbaugh
-----------------------------------------------	---------------------------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME E. Brumbaugh Richwoods Mo	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 45 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal diverticulum with possible rupture		
	ANTECEDENT CAUSES 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. Arteriosclerosis Heart Dis		indist	

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? 5391
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	-------------------------------------------

22. I hereby certify that I attended the deceased from **2/7, 1953**, to **3/5, 1953**, that I last saw the deceased alive on **3/4, 1953**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas Parker MD	(Degree or title)	23b. ADDRESS 4660 Maryland	23c. DATE SIGNED 3/5/53
-------------------------------------------	-------------------	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-53	24c. NAME OF CEMETERY OR CREMATORY Horine Cemetery	24d. LOCATION (City, town, or county) (State) Richwoods, Mo.
------------------------------------------------------------	----------------------------	--------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. MAR 5 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Cusey, Genot	ADDRESS St. Clair Mo
-----------------------------------------------	----------------------------------------------------	---------------------------------------------------------	--------------------------------

H.B.R. (Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. N. Lewis

Licensed Embalmer No.

3601

P. O. Address

St. Louis, Mo

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.