

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12602

State File No. _____

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 718

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>1 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4773</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>135 Rayburn 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alois</u> b. (Middle) <u>BRENGARD</u> c. (Last) <u>BRENGARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 53</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1st 1878</u>		9. AGE (In years last birthday) <u>74</u> OF UNDER 1 YEAR Months <u>9</u> DAY <u>2</u> OF UNDER 24 HRS. Hours <u> </u> Mins. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Smelter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>----- Brengard</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta Brengard</u>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>	16. SOCIAL SECURITY NO. <u>492-09-2575</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theresa Breggenhorst 2216 R.ichert</u>		
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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>Intestinal Hemorrhage - Ascending Colon</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>Confusion liver, spleen & kidneys</u>			
	DUE TO (c) <u>E8124</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Confident Broncho pneumonia 25</u> <u>Internal Pelvic Retroperitoneal Hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Multip. Fr. - Pelvic, both lower legs</u> <u>Rupture of Urinary Bladder & Extrusion of Uvula</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>125</u> (COUNTY) <u>ST. LOUIS</u> (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 1 53 8 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>STRUCK BY CAR</u>	

22. I hereby certify that I attended the deceased from 2-1, 1953 to 9-2, 1953 that I last saw the deceased alive on 9-2, 1953 and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Kasten M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>3-2-53</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>3-4-53</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Domb-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.</u>
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(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

J. A. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.