

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14897

State File No. _____

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5669 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, HAWK POINT TWP.</u>		c. LENGTH OF STAY (In this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, HAWK POINT TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FARM RESIDENCE</u>			d. STREET ADDRESS (If rural, give location) <u>FARM RESIDENCE, 0570</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>		a. (First)		b. (Middle)	
				c. (Last) <u>BRUMME</u>	
4. DATE OF DEATH <u>April 22, 1953</u>		(Month) (Day) (Year)			
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>April 12, 1886</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CIGAR MAKER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOBACCO.</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HERMAN BRUMME</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LEMPMIER</u>	
				14. NAME OF HUSBAND OR WIFE <u>VERNIE ANN BRUMME</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs VERNIE BRUMME</u> ADDRESS <u>TROY, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COTONARY Thrombosis</u>			<u>1 Hr.</u>
		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph D. Marsh, Coroner Lincoln Co. Mo.</u>		23b. ADDRESS <u>Troy, Missouri</u>		23c. DATE SIGNED <u>4/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>April 25-1953</u>		REGISTRAR'S SIGNATURE <u>Erwin B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u> ADDRESS <u>FUNERAL 4829 NAT'L BRIDGE BLVD.</u>	

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

70

MAY 3

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 A. Minor

Licensed Embalmer No. *4186*

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.