

STANDARD CERTIFICATE OF DEATH

State File No. **10578**
 BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **676**

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON c. LENGTH OF STAY (In this place) 3 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS c. CITY OR TOWN OVERLAND d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2603-HOOD AVE	
3. NAME OF DECEASED (Type or Print) EDGAR D. BRILEY		4. DATE OF DEATH (Month) (Day) (Year) 3 16 54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 2-1872
9. AGE (In years last birthday) 82	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REALTOR	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and State or Foreign Country) NASHVILLE TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARCUS BRILEY	
13b. MOTHER'S MAIDEN NAME FRANCES CENTER		14. NAME OF HUSBAND OR WIFE LILLIAN OGDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRANCIS BRILEY-2603 HOOD AVE.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification <i>Cerebral hemorrhage into left int. capsule & basal ganglia with intracerebral + subarachnoid hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension 14. Hypertension due to aberrant renal vein constricting retroaortic junction	
DUE TO (c) Hypertension left ventricle Nodular hyperplasia of P. prostate		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 331X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	
22. I hereby certify that I attended the deceased from 3-13, 1954, to 3-16, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 7:05 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Stephen Toms, M.D.		23b. ADDRESS St. Louis Co. Hosp., Clayton, Mo.	23c. DATE SIGNED 3/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
DATE REC'D BY LOCAL REG. 3-17-54	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Blumhagen 1500 Ave. ADDRESS 504-Woodson Rd.-Overland, Mo.

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.....
Signature of Student Embalmer

Signed *David E. Gibson*.....

Licensed Embalmer No. *345*.....

P. O. Address *Carland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.