

FILED NOV 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33503

State File No. \_\_\_\_\_

Registrar's No. 69

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486

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

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN MERAMEC</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>SULLIVAN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET-ADDRESS (If rural, give location)	

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3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIAN</b> b. (Middle) <b>BRIEGLEB</b> c. (Last) <b>LEWIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 19 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>4-3-1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days <b>0 6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clair</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Phillip Briegleb</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Duemler</b>	14. NAME OF HUSBAND OR WIFE <b>Montgom Lewis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Loo Fisher</b>		ADDRESS <b>Sullivan Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Acute myocarditis</b>		<b>1 week</b>
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 <b>4201</b>	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) m.	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 Oct 14, 1954, to Oct 19, 1954, that I last saw the deceased alive on Oct 17, 1954, and that death occurred at 10:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert McLaughlin MD</b>	(Degree or title)	23b. ADDRESS <b>Sullivan Mo.</b>	23c. DATE SIGNED <b>Oct 20 - 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>10-20-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>
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DATE REC'D BY LOCAL REG. <b>10/20/54</b>	REGISTRAR'S SIGNATURE <b>Thomas A. Murphy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos P. Shaffer</b>	ADDRESS <b>Sullivan Mo</b>
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul F. Krollenberg.....

Licensed Embalmer No. 263.....

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