No. 300
10-48

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

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2377

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0880

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hosp O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2179 3232 St Vincent

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): J
c. (Last): BRIGHTMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1955

5. SEX: Male O

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed S

8. DATE OF BIRTH: June 29 1868

9. AGE (In years last birthday): 86
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman

10b. KIND OF BUSINESS OR INDUSTRY: Wood Box

11. BIRTHPLACE (City and State or Foreign Country): Joilet Ill /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Brightman

13b. MOTHER'S MAIDEN NAME: Mary Unknown

14. NAME OF HUSBAND OR WIFE: Augusta Gaab Brightman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Edward J Brightman 4137a Magnolia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — 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) Gangrene of Rt. leg
DUE TO (c) Arteriosclerosis

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

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4501

22. *I hereby certify that I attended the deceased from* Aug, 1954, *to* 1/29, 1955, *that I last saw the deceased alive on* 1/29 1955, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Blackwick M.D.

23b. ADDRESS: 508 N. Grand

23c. DATE SIGNED: 1/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 1 55

24c. NAME OF CEMETERY OR CREMATORY: Resurrection

24d. LOCATION (City, town, or county) (State): St Louis Cty Mo

DATE REC'D BY LOCAL REG. JAN 31 1955

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: E.J.Schnur 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.