

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

23521

FILED AUG 2 - 1955		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6264
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in days) 2 days		c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) CHARLES'S		a. (First) CHARLES'S	b. (Middle) B	c. (Last) BRIEDE
4. DATE OF DEATH (Month) (Day) (Year) 7-19-1955		5. STREET ADDRESS (If rural, give location) 4300 Lindell Blvd		
6. SEX Male	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-29-1875	9. AGE (In years birthday) 79	IF UNDER 1 YEAR 7 MONTHS IF UNDER 24 HRS. 20 HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during previous life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY Nat. Tailoring	11. BIRTHPLACE (City and State or Foreign Country) Kovington Ky.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George Briede		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-18-2640		17. INFORMANT'S SIGNATURE OR NAME Arnold Briede
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Franklin's tumor INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis 5 years 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		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) (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 7/14 , 19 55 , to 7/19 , 19 55 , that I last saw the deceased alive on 7/19 , 19 55 , and that death occurred at 12:30 p.m. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Walter J. ...		23b. ADDRESS 4617 Oaklin		23c. DATE SIGNED 7-20-55
24a. BURIAL, CREMATION, REINTERMENT (Specify) Removal		24b. DATE 7-22-1955		24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cem
24d. LOCATION (City, town, or county) (State) Elmhurst Illinois		25. FUNERAL DIRECTOR'S SIGNATURE WINGERMUEHLE		
DATE REC'D BY LOCAL REG. JUL 20 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		ADDRESS 3819 SO. Grand Blvd.

(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.....
Signature of Student Embalmer

Signed *George J. Angermuehl*.....
Licensed Embalmer No. 461

P. O. Address *Abingdon 18*.....

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.