

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28155**
Registralr's No. **6876**

FILED AUG 24 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Missouri	b. COUNTY Jefferson
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Imperial	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) R.R. #1, Box 236a	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) HAROLD	b. (Middle) L.	c. (Last) BRILEY	(Month) 7 (Day) 21 (Year) 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-20-1915
9. AGE (In years last birthday) 41		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Am. Controls	11. BIRTHPLACE (State or foreign country) St. Francois Co., Mo.
11. BIRTHPLACE (State or foreign country) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Briley		13b. MOTHER'S MAIDEN NAME Pauline Gueggenberg	14. NAME OF HUSBAND OR WIFE Lucy Briley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. #2	17. INFORMANT'S SIGNATURE OR NAME Lucy Briley, R.R. #1, Imperial, Mo.
18. CAUSE OF DEATH			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Internal Hemorrhage; 2. Dislocation of the 2nd cervical vertebra with cord injury,		INTERVAL BETWEEN ONSET AND DEATH suffered	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) when car driven by unknown driver pulled onto the highway causing Mr. Briley to swerve	
DUE TO (c) his car which went out of control and		DUE TO (c) collided with car driven by Charles Miller on Highway #61, .1 of a mile south of	
II. OTHER SIGNIFICANT CONDITIONS Collided with car driven by Charles Miller on Highway #61, .1 of a mile south of		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hawkins Road in St. Louis County, Missouri, around 8:45 P.M. July 21, 1956. ACCIDENT	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County Mo.
21d. TIME OF INJURY July 21 56 8 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 400 E. 816.4.			
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 Patrick E. Taylor-Coroner		23b. ADDRESS 1300 31st St. S. St. Louis, Mo.	23c. DATE SIGNED July 21
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-25-1956	24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery
24d. LOCATION (City, town, or county) (State) Irondale, Missouri			
DATE REC'D BY LOCAL REG. JUL 24 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc., 2301 Lafayette
		ADDRESS McLaughlin F.H., Inc., 2301 Lafayette	

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
Student Embalmer

Signed James P. Chapman

Licensed Embalmer No. 4550

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.