

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29648

State File No. _____

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4591</u>		Registrar's No. <u>54</u>		
1. PLACE OF DEATH a. COUNTY <u>WARREN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENTON-RT-3</u> c. LENGTH OF STAY (In this place) <u>6 Mos.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>KATIE-JANE NURSING HM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WARREN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENTON - RT-#2</u> d. STREET ADDRESS (If rural, give location) <u>KATIE-JANE 1090</u>				
3. NAME OF DECEASED (Type or Print) <u>Leopoldine</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Brix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 56</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT-23-1882</u>		9. AGE (In years last birthday) <u>73</u> If under 1 year: Months _____ Days _____ If under 1 month: Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - HOUSEWIFE</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph BRIX</u>		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. <u>UNKNOWN</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>ELSA-BARTH-1211 M^o KINLEY</u>				17. ADDRESS _____		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, asthma, etc. It means the disease, injury, or complication which caused death.		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Related Hypertension</u>		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension with vascular and renal disease</u> DUE TO (c) <u>Cerebral Vascular accident</u>		3. INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		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) <u>442X</u>		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 <u>Jan 6, 1956</u> , to <u>Aug 14, 1956</u> , that I last saw the deceased alive on <u>Aug 14, 1956</u> , and that death occurred at <u>10:28 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>8-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Aug-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHLEHEM CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO MO</u>		
DATE REC'D BY LOCAL REG. <u>Aug 16, 1956</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B SMITH - MAPLEWOOD</u>		ADDRESS <u>17 MO</u>		

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

421 0

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

J. Allen Davis

Licensed Embalmer No. *4056*

P. O. Address *St. L.*

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.