

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31924

State File No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8078**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5942 Crane Circle		e. STREET ADDRESS (If rural, give location) 912 Lexington Dr. 1070	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) RAYMOND		b. (Middle) D.	
c. (Last) BRICKEY		(Month) (Day) (Year) Aug. 29 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1898
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman—King Chemical Co.	11. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Franklin Brickey	
14. MOTHER'S MAIDEN NAME Nettie Davis		15. NAME OF HUSBAND OR WIFE Beulah Brickey	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Thrombosis	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		DUE TO (c)	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT SUICIDE HOMICIDE (Specify)		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. TIME OF INJURY (Month) (Day) (Year) (Hour)		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420-1	
26. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		27. HOW DID INJURY OCCUR?	
28. 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 1045 P.M. , from the causes and on the date stated above.			
29. SIGNATURE (Degree or title) Patrick J. Taylor Coronary 1300 Clark		30. ADDRESS 1300 Clark	
31. DATE SIGNED 8.31.56		32. DATE	
33. BURIAL, CREMATION, REMOVAL (Mtr) Methodist Cemetery		34. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
35. LOCATION (City, town, or county) Festus, Mo.		36. DATE Sep. 1, 1956	
37. DATE REC'D BY LOCAL REG. AUG 31 1956		38. REGISTRAR'S SIGNATURE Smith	
39. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		40. ADDRESS 4228 S. Kingshighway Bl.	

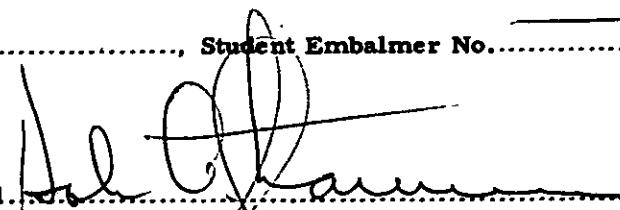
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 453

P. O. Address.....

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.