

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006930
STATE FILE NUMBER
2 2130
Registrar's No.

FILED MAR 10 1959

Registration District No. Primary Registration District No.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 21 Aberdeen Pl		d. STREET ADDRESS (If outside, give location) #21 Aberdeen Pl	
Length of stay in lb 71yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Fred Edward Briner			4. DATE OF DEATH Month Day Year February 28, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 24, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director, Briner Elec		10b. KIND OF BUSINESS OR INDUSTRY Briner Electric	11. BIRTHPLACE (City and state or country) Highland, Illinois
13a. FATHER'S NAME John Jacob Briner		13b. MOTHER'S MAIDEN NAME Anna Barbara Kraeuchi	14. NAME OF HUSBAND OR WIFE Ada Birthlind
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. 488-03-2103	17. INFORMANT Herbert H. Briner, 68 Arundel Place
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized carcinomatosis</i> <i>Carcinoma of rectum</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Sarcoma of rectum</i> DUE TO (c) <i>157x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Sept. 1950</i> to <i>Feb. 28, 59</i> and last saw him alive on <i>Feb. 27, 59</i> . Death occurred at <i>3:30 PM - Feb. 28, 59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robt. Mueller		22b. ADDRESS 975 Arcade Bldg	
22c. DATE SIGNED <i>2/28/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/2/59	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis Co. Missouri	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blv		25. DATE RECD. BY LOCAL REG. MAR 2 59	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Joseph McCulloch*

Licensed Embalmer No. *2460*
P. O. Address *6150 Dllme*

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.