URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-028157

STATE FILE NUMBER

FILED VS AUG 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7542

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 915 NORTH GRAND ST LOUIS MO. Length of stay in 1b 62 MINS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETS. ADMIN. HOSP. Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 5968A THEODOSIA Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First ARTHUR	Middle D.	Last BRIX	4. DATE OF DEATH Month Day Year 7/27/60
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3/3/84	9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) AUSTRIA	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ADOLPH BRIX	13b. MOTHER'S MAIDEN NAME AUGUSTA FRIMEL	14. NAME OF HUSBAND OR WIFE - - - - - - - -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO.	17. INFORMANT ELMA BRIX (DAUGHTER) Address SEE #2		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	SUBARACHNOID HEMORRHAGE & CEREBELLAR HEMORRHAGE	2 DAYS
DUE TO (b)	HEMORRHAGIC DIATHESTS	2 DAYS
DUE TO (c)	CARCINOMA OF PROSTATE 177X	5 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

OK. Jeg[illegible] Deputy [illegible] 6

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 7/27/60, to 7/27/60 and last saw him alive on 7/27/60

Death occurred at 4:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] SHELDON S. SHEHON, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 7/28/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-30-60	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.	25. DATE RECD. BY LOCAL REG. JUL 29 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Mlina

Licensed Embalmer No. 4186

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.