N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12805
Do not use this space.

791
1003
3147

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3147
(c) City ..... (d) Street No. 364.9 Vista Bethesda Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 BABY BRINGER
(a) Residence, No. R. R #1 Afton Mo NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 28-1939

7. AGE YEARS — MONTHS — DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME FRED. B. BRINGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LA GRANGE Mo

MOTHER
15. MAIDEN NAME MILDRED-Hof.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) FRED. G. BRINGER. R.R. #1 Afton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE 4/3/39 19

19. FUNERAL DIRECTOR (ADDRESS) Henry L Wiedemueller 6203 Gravois

20. FILED APR 3 1939 19 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1939 to April 2, 1939
I last saw him alive on 4-2-39, 19..... Death is said to have occurred on the date stated above, at 12 45 a.m.
The principal cause of death and related causes of importance were as follows:

Congenital deformities
1) Hare lip
2) Cleft palate
3) Heart lesions
4) Extra fingers
5) Deformed ears

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. G. Riley, M. D.
(Address) 2660 Maryland

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)