

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 12 1940 701

State File No. 42141  
11264  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH: 003  
(a) County 2  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: 2825A N. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community ABOUT 19 YEARS years, months or days)

3. (a) PRINT FULL NAME AMOS BRINER--ALSO BREINER  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 488-18-888

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife SADIE BRINER  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased AUG. 3, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 4 27 hr. min.

9. Birthplace SOUTH BEND INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business  
12. Name ARON BRINER  
13. Birthplace UNKNOWN OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace SOUTH BEND INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sadie Briner  
(b) Address 2825A N. BROADWAY

17. (a) BURIAL (b) Date thereof JAN 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Joseph J. Boehmer  
(b) Address 2228 ST. LOUIS AVE

19. (a) DEC 21 (b) J. J. Boehmer  
(Date of local registry) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 1  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2825A N. BROADWAY  
(If rural, give location)  
NO PHYSICIAN IN ATTENDANCE  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 29th  
year 1939 hour 10:20 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage of Brain (Traumatic)

Due to TIME, CAUSE, AND MANNER OF SAME COULD NOT BE DETERMINED

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Open Verdict  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 4

28. Signature Alfred Perry (M. D. or other)  
Address W. Perry Date signed 1-2-40

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.

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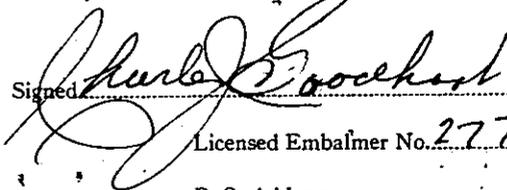
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**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2777

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 this body is not embalmed, above space should be left blank.**