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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26729

State File No. 6625

SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4328 McREE AV. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 1 3 4

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 17
(If outside city or town limits write "RURAL")

(d) Street No. 4328 McREE AV.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WALTER BRIDDELL.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 31 (Day) 1867 (Year)

8. AGE: Years 73 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business R. R. CAR INSPECTOR.

MOTHER FATHER

12. Name John BRIDDELL

13. Birthplace ? (City, town, or county) INDIANA (State or foreign country)

14. Maiden name ?

15. Birthplace ? (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant Walter Briddell

(b) Address 4328 McRee av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3142 Lafayette av.

19. (a) AUG 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 2 year 1940 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from July 30, 1940, to Aug 2, 1940, that I last saw him alive on Aug 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 4 da

Due to Hypertension undetermined — Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John T. Flynn M.D. (M. D. or other)

Address 1715 S. 39th Date signed Aug 3, 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3129 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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