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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

State File No. 41138

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10909

1. PLACE OF DEATH:

(a) County —

(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 4 days. (Specify whether years, months or days)
In this community 4 yrs. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST-LOUIS

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

(d) Street No. 411 YORKSHIR 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Godfrey MacDonald Brigham

3. (b) If veteran, name war WORLD-WAR

3. (c) Social Security No. 442-05-6570

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased Dec 15 (Month) 1897 (Day) (Year)

8. AGE: Years 43 Months — Days 14 If less than one day — hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation EXECUTOR 0

11. Industry or business TANK CAR Co. 1

MOTHER FATHER

12. Name GEORGE F. BRIGHAM 1

13. Birthplace FEDONA (City, town, or county) NEW YORK (State or foreign country)

14. Maiden name NELLIE WATKINS

15. Birthplace RACINE (City, town, or county) WISCONSIN (State or foreign country)

16. (a) Informant James W. Brigham

(b) Address 411 Yorkshire Pl. University City 20

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation SHARON WISCONSIN

18. (a) Signature of funeral director Parker Sund Co

(b) Address WEBSTER GROVES Mo

19. (a) DEC 31 1940 (Date received local registrar) (b) J H Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1940 hour 10 minute PM.

21. I hereby certify that I attended the deceased from 10-25, 1940, to 12-29, 1940, that I last saw him alive on 12-29, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant hypertension	
Due to Uremia	
Due to Renal insufficiency Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy As above

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 J H Bradley (M. D.)

Address BARNES HOSPITAL Date signed 12-30-40

(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 C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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, fact should be so stated above.