

No. 2
5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

227770

State File No. _____

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 1372

1. PLACE OF DEATH

(a) County Saint Louis
(b) City or town Vetrans Administration Facility
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson Barracks
Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5-9-41 to 6-29-41
(Specify whether
Unknown.
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 13 53 Shawmut Place
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BRICKER, Abe

3. (b) If veteran, World War 1918
name war. _____
3. (c) Social Security No. 489 16 7653
Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1941 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 9, 1941
_____ 19 _____ to June 29, 1941 19 _____
that I last saw him alive on June 29, 1941 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Fannie Brioker
6. (c) Age of husband or wife if alive. Unknown years

7. Birth date of deceased. December 23 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 6
If less than one day _____ hr. _____ min.

Immediate cause of death. Coronary Arteriosclerotic and Hypertensive Heart Disease, Cardiac enlargement and Myocardial Insufficiency.

Due to and Cerebral Arteriosclerosis with Psychosis, severe
Other conditions. Psychosis, severe
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Salesman

11. Industry or business. Unknown

12. Name Barnett Bricker

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

14. Maiden name Winnie Grosberg

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

16. (a) Informant Government Records
(b) Address Jeff Bks.

17. (a) burial (b) Date thereof. 6/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Beth Ham Hag
Berger Memorial
(a) Signature of funeral director. 4715 McPherson
(b) Address _____

Major findings: Of operations None
Of autopsy None

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? _____

While at work? Cu. Hospital injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____
Address Chief Medical Officer Date signed _____

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

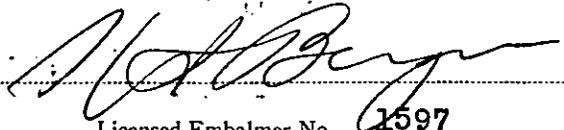
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FILED JUL 7 1941

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. 1597

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, fact should be so stated above.