DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31402

FILED SEP 29 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2279

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Rd. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Burzilla Brigman
3. (b) If veteran, name war None
3. (c) Social Security No. 490-12-5472
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 16 (Day) 1877 (Year)
8. AGE: Years 68 Months 0 Days 3 If less than one day hr. min.
9. Birthplace Dent County (City, town, or county) Salem Mo. (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business UNKNOWN
FATHER 12. Name R. E. Brigman
FATHER 13. Birthplace Salem (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Elizabeth Hodges
MOTHER 15. Birthplace Salem (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Virgil Dubbs
(b) Address 4215 Swan - St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) 9-25-45 (Date received local registrar) (b) L. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1945 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from Sept. 17, 1945, to Sept. 19, 1945, that I last saw him alive on Sept. 19, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	48 hrs
Due to:	
Due to:	
Other conditions: Arteriosclerosis (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 9-19-45

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1945

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P.O. Address 7456 Manche

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.