FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 11 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 24018

Registrar's No. 249

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 504 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Monroe (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Angeline Brim
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Francis M. Brim
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 18, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	27	hr. min.

9. Birthplace Near Desloge, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation care of home
11. Industry or business

FATHER
12. Name Columbus Bean
13. Birthplace Irondale, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Clay
15. Birthplace Irondale, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Carl Brim
(b) Address Desloge, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 17, (Month) (Day) (Year)
(c) Place: burial or cremation Bean Cemetery Near Mitchell
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 8-1-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month july day 15
year 1948 hour 5 minute a M.

21. I hereby certify that I attended the deceased from June 10, 1948 to July 14, 1948
that I last saw her alive on 7-14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	4 d
Due to	
Due to	
Other conditions: Intra-cranial hemorrhage (Include pregnancy within 3 months of death)	8 d

Major findings:
Of operations
Of autopsy 93

PHYSICIAN
Underline the cause of 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 H. O. Gaebe (M. D. or other)
Address Desloge Mo Date signed 7-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 848-10
Date Filed 8-10-48

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 S. T. Soper

Licensed Embalmer No. 3660

P. O. Address Oregon, Mo.

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

If this body is not embalmed, fact should be so stated above.