

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10209**  
Registrar's No. **2112**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4885 Natural Bridge Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>3442 Williams Place</b>	

3. NAME OF DECEASED (Type or Print) <b>William</b>	a. (First)	b. (Middle) <b>D.</b>	c. (Last) <b>Brim</b>	4. DATE OF DEATH <b>March 2nd, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 19th, 1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 12 HRS. Days <b>13</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Fireman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>United Drug Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Mount Vernon, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Brim</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Bullock</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Brim nee Amann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Brim, 3442 Williams Place</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH. <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, arteriolar</b>		DUE TO (c) <b>Fibrillation</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-4-50**, to **3-2-50**, that I last saw the deceased alive on **3-2-50**, and that death occurred at **10:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. J. Linsche M.D.</b>	23b. ADDRESS <b>4885 Natural Bridge</b>	23c. DATE SIGNED <b>3-3-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/6/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>MAR 6 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	ADDRESS
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*Reverse side of certificate  
contains name of deceased  
and address, etc.*

*Statement*  
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 \_\_\_\_\_

*Student* Student Embalmer No. *2001*  
working under my personal supervision. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *John A. Miller*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.