

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37186

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 2589		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLEY PARK		c. LENGTH OF STAY (in this place) 3 YR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLEY PARK		4761		
d. FULL NAME OF HOSPITAL OR INSTITUTION 902 VEST AVE				d. STREET ADDRESS (If rural, give location) 902 VEST AVE 0				
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL			b. (Middle) BRICH			c. (Last)		
4. DATE OF DEATH		10		6		52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 2-15-1871		
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 7		IF UNDER 1 YEAR Days 20		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) BOHOMIA 8		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME JOHN BRICH			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE CORNELIA BRICH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE-LONGWORTH-902-VEST.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Nephritis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X					INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July 14, 1952, to Oct 6, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 2:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Henry F. Scott M.D.				23b. ADDRESS Ballwin Mo		23c. DATE SIGNED Oct 7-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-9-52		24c. NAME OF CEMETERY OR CREMATORY OLD ST. PETER + PAUL CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
DATE REC'D BY LOCAL REG. 10-8-52		REGISTRAR'S SIGNATURE Herbert A. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAY B. SMITH - MAPLEWOOD		17 - MO.		

S. Licensed Embellisher's Statement on Reverse Side

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

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 Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*H. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.