

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44734

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11927

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>2 wks.</u> | | d. STREET ADDRESS (If rural, give location) <u>17 3232 St. Vincent Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hosp.</u> | | | |

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|--|----------------------------------|--|--|--|-------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta (Gussie)</u> b. (Middle) <u>Brightman</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12/26/52</u> | | | |
| 5. SEX <u>Fem.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov 6, 1870</u> | 9. AGE (In years last birthday) | # UNDER 1 YEAR Months Days | # UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Paul Gaab</u> | 13b. MOTHER'S MAIDEN NAME <u>Barbara Arnold</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank J. Brightman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank J. Brightman</u> | ADDRESS <u>3232 St. Vincent</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>'OBSTRUCTIVE JAUNDICE</u> | | DUE TO (b) <u>COMMON DUCT STONE</u> | | 2 wks |
| DUE TO (c) <u>BILIARY CIRRHOSIS OF LIVER</u> | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | 2 months |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>NO SURGERY</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>584X</u> |

22. I hereby certify that I attended the deceased from Oct 5, 1952, to Dec 26, 1952; that I last saw the deceased alive on Dec 25, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

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|--|-------------------|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>George A. Pawlowski</u> | (Degree or title) | 23b. ADDRESS <u>5203 Chippewa</u> | 23c. DATE SIGNED <u>12/26/52</u> |
|--|-------------------|--------------------------------------|-------------------------------------|

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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12/29/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>DEC 27 1952</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schaefer</u> | ADDRESS <u>3125 Lafayette Ave.</u> |
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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 *Joseph B. Hallmer* _____

Licensed Embalmer No. *4014* _____

P. O. Address *St. James 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.