

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44272

FILED DEC 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2826

400X

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>OVERLAND</u>		c. CITY OR TOWN <u>OVERLAND 436X</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>9727-LACKLAND RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9727-LACKLAND</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u>	b. (Middle)	c. (Last) <u>Briner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1897</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK GARDNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARDENING</u>	11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>RUDOLPH BRINER</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET KLEINERT</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE BRINER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give way or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOUISE BRINER</u>	ADDRESS <u>9727-LACKLAND RD.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1946, to date, 1956, that I last saw the deceased alive on Nov. 28, 1956, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Benjamin H. Chach, M.D.</u>	23b. ADDRESS <u>3720 Washington Tr. - St. Louis</u>	23c. DATE SIGNED <u>Dec. 4, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS EV. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OLIVETTE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wardson</u>	ADDRESS <u>504 WARDSON RD. OVERLAND, MO.</u>
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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.

Signed Oscar F Mueller

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

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.