

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

89280-57 46665

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3089

Health, & Welfare
Public
Services

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|----------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN 4000 Concord Village | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp. | | Length of stay in 1b 1 Day | d. STREET ADDRESS (If outside, give location) 12614 Sunset Dr | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Theodore Middle Alfred Last Brigman | | | 4. DATE OF DEATH Month Dec. Day 5 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov 7th 1957 | 9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Months 0 Days 28 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY Nil | 11. BIRTHPLACE (City and state or country) St Louis Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Maurice Brigman | | | 14. MOTHER'S MAIDEN NAME Dorothy Lorenz | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mr Maurice Brigman Address 12614 Sunset Dr St. Louis 23 Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia bilateral | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) 491X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | DUE TO (c) |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from NOV. 7 1957 to Dec. 5 1957 and last saw him him alive on Dec 5 1957 Death occurred at 11:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Robert W. Fickenscheid MD | | | 22b. ADDRESS P.O. Box 6 Sappington 23 Mo | | 22c. DATE SIGNED 12-6-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec 7th 1957 | 23c. NAME OF CEMETERY OR CREMATORY St Lucas Cem. | | 23d. LOCATION (City, town, or county) (State) Sappington, Mo. |
| 24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo. | | 25. DATE RECD. BY LOCAL REG. 12-7-57 | | 26. REGISTRAR'S SIGNATURE Herbert R. Dombrowski MD | |

(Licensed Embalmer's Statement on Reverse Side)

etc

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
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. 410

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.