

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023155
STATE FILE NUMBER
6735

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | Length of stay in lb 62 yrs | d. STREET ADDRESS (If outside, give location) 5233 Tolozan Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last EDWARD J. BRIGHTMAN | | | 4. DATE OF DEATH Month Day Year July 1, 1958 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 28, 1895 | 9. AGE (In years last birthday) 62 | F UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired office manager | 10b. KIND OF BUSINESS OR INDUSTRY Laundry | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Frank Brightman | 13b. MOTHER'S MAIDEN NAME Augusta Gaab | 14. NAME OF HUSBAND OR WIFE Norma Gotsch |
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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) yes WW I | 16. SOCIAL SECURITY NO. 494-05-6366 | 17. INFORMANT Address Norma Gotsch Brightman, 5233 Tholozan Avenue |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction Acute Myocardial Infarct acute myocarditis & pericarditis Acute Myocarditis and Pericarditis | | INTERVAL BETWEEN ONSET AND DEATH 6/13/58 6/13/58 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | DUE TO (c) |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute appendicitis Acute Appendicitis | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5500 |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from Death occurred at 7:42 PM on 6/13/58 to 7/1/58 and last saw him alive on 7/1/58 on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) C.E. Stindel C.E. Stindel M.D. | 22b. ADDRESS 3701 Grandel Sq. | 22c. DATE SIGNED 7/2/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE July 5, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 23d. LOCATION (City, town, & county) (State) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS BETDERWIEDEN F. H. INC., 1936 St. Louis Ave | 25. DATE RECD. BY LOCAL REG. JUL 7 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-3-jm
Dr. Edw. W. Czebrinski
3701 Grandel Sq.

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 *Homer W. Smith*

Licensed Embalmer No. *7882*

P. O. Address *St. Louis*

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.