

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046611

STATE FILE NUMBER

FILED VS DEC 16 1960

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 157

INDEXED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim Twp.</u>		Length of stay in 1b <u>4 DAYS</u>		c. CITY OR TOWN <u>BLOOMSDALE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFFERSON MEMORIAL</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>BLOOMSDALE</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>J.</u> Last <u>BRISCHLE</u>				4. DATE OF DEATH Month <u>NOV</u> Day <u>29</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 2, 1880</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>FARMINGTON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>JOSEPH BRISCHLE</u>				13b. MOTHER'S MAIDEN NAME <u>MARY KARL</u>				14. NAME OF HUSBAND OR WIFE <u>AGNES M. DRURY</u>					
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>UNKNOWN</u>		17. INFORMANT <u>ARMELLA DONZE</u>		Address <u>BLOOMSDALE, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Circulatory Stenosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Sublethal</u> <u>Unknown</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
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. _____ p.m. Month, Day, Year _____		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 <u>Nov 25, 1960</u> to <u>Nov 29, 1960</u> and last saw <sup>her</sup> him alive on <u>Nov 28, 1960</u> Death occurred at <u>6:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <u>J. L. Mayfield M.D.</u>						22b. ADDRESS <u>Crystal City, Mo.</u>			22c. DATE SIGNED <u>11/29/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-1-60</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PHILOMENA</u>			23d. LOCATION (City, town, or county) <u>BLOOMSDALE</u>			(State) <u>MO.</u>			
24. FUNERAL DIRECTOR <u>James A. Sauter St. Genevieve Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Gene A. Taylor</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jerome L. Steuber*

Licensed Embalmer No. 3817

P. O. Address Steuber

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.