

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 18 1941

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MARYVILLE COLLEGE/*2900 MERAMEC ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 34 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 MERAMAC ST.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MOTHER MARY BRAIS

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased APRIL 19 1858
(Month) (Day) (Year)

20. DATE OF DEATH: Month SEPT. day 16,
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from September 1940 to September 1941;
that I last saw him alive on Sept. 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis, Acute
Due to Chr. Myocarditis
Due to Several Arterioscleroses

Duration
Sudden
6 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
83 4 27 hr. min.

9. Birthplace MONTREAL CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation RELIGIOUS TEACHER RETIRED

11. Industry or business.....

MOTHER FATHER { 12. Name FRNCOIS XAVIER BRAIS
13. Birthplace MONTREAL CANADA
(City, town, or county) (State or foreign country)
14. Maiden name ELOISE PREFONTAINE
15. Birthplace CANADA
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy 930 90

16. (a) Informant REV. MOTHER M. MOUTON
(b) Address 2900 MERAMAC ST.

17. (a) BURIAL (b) Date thereof 9-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVD.
19. (a) SEP 17 1941 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury D
23. Signature Hiram L. Huggitt (M. D. or other) M.D.
Address 3720 Washington Date signed 9/16/41

Dr. Stuppert
3720 Woodlawn
London, Ky

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.