

FILED APR 3 1948
578

State File No. _____
Registrar's No. 2789

Registration District No. _____ Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 022
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1639 Lane A, Carr Sq. Village (If rural, give location) 25
(e) Citizen of, (foreign country)? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecelia Mae Brandy

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

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 28 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. _____ min.

9. Birthplace St. Louis 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Brandy
13. Birthplace East St. Louis Ill. / (City, town, or county) (State or foreign country)
14. Maiden name Cecelia Mae Mason
15. Birthplace East St. Louis Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Maynard R.R.

(b) Address 2600 N. Whittier St.

17. (a) Burial (b) Date thereof MAR 25 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Meschman

(b) Address City Health Dept

19. (a) MAR 24 1948 (b) J.F. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1942 hour 1 minute 1:50p M.

21. I hereby certify that I attended the deceased from 12-28 1942, to 12-28 1942

that I last saw her alive on 12-28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Dickson (M. D. or other) _____

Address 2601 N. Whittier St. Date signed 3/23/48

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.