

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 29 1943 818

Registration District No.

1003

Registrar's No.

11357

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:
Convent of the Sacred Heart. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 17 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. 334 No. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME (Mother) Beatrice E. Brinsmead, RSCJ.

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

4. Sex F. 5. Color or race W. 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 December 25, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 23 hr. min.

9. Birthplace Devonshire, England. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Religious-Teacher.

11. Industry or business.....

12. Name Henry Brinsmead.

13. Birthplace England. 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Penhorwood.

15. Birthplace England. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mother Odile Lapavre, RSCJ.

(b) Address 334 No. Taylor Ave.

17. (a) Burial. (b) Date thereof 12-20-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindbergh Blvd

19. (a) DEC 19 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th.
year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept. 1923 to Dec. 15 1943.
that I last saw her alive on Dec. 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Arteriosclerosis
Due to.....
General Arteriosclerosis

Other conditions.....
(Include pregnancy within 3 months of death) 97

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)
(c) Means of injury.....

23. Signature Hiram L. Tuggett (M-D. or other) M.D.
Address 3720 Washington Blvd Date signed 12/18/43

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

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

MOTHER FATHER

3720 Dr. Jiggoff
Wiggoff
330 Dr.

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 Rindell

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.