

FILED JAN 15 1944 818

1003

Registrar's No. 6056

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6626 Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Josephine Brickey

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur P. Brickey 6. (c) Age of husband or wife if alive June 19 1883 years

7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years 61 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

11. Industry or business at home

12. Name George Kennedy
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Kunke
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur P. Brickey
(b) Address 6626 Vermont

17. (a) burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 8322 South Grand Blvd.

19. (a) JUL 7 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town City of St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6626 Vermont (If rural, give location) 19
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1944 hour 9:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept 2 1943 to 7-3-44
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of breast
(54)

Due to _____
Due to 50
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (M. D. or other)
23. Signature [Signature] (M. D. or other) MD
Address 7602 S. Bondy Date signed 7/5/44

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

MOTHER FATHER

Dr. Lee Eades
6639 Virginia Ave
1-3 P.M.

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.....

Virgil D. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis, Mo.

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.