

Registration District No. **318** Primary Registration District No. **1003**

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:
2725 Madison Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Mary H. Brinkley**

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, **Widowed**

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

7. Birth date of deceased **Dec. 4, 1865**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 3 hr. min.

9. Birthplace **Raleigh North Carolina**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**

{ 13. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **Louise McMorris**
 (b) Address **2725 Madison Ave., St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **NOV. 10, 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Chalras**

18. (a) Signature of funeral director **Jay B. Smith**
 (b) Address **7456 Manchester, Maplewood, Mo.**

19. (a) **NOV 9 1944** (Date received local registrar)
J. B. Brinkley (Registrar's signature)

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. **2725 Madison Ave.**
 (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **7**
 year **1944** hour **9:40 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Sept 1, 1943** to **Nov 7, 1944**
 that I last saw h. **u.** alive on **Nov 6, 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis & Myocarditis**

Due to.....

Due to.....

Other conditions **Chronic Arteriosclerosis**
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature **J. B. Brinkley** (M. D. or other) **M.D.**
 Address **1901 Madison St.** Date signed **11/9/44**

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 74 56 Manchester

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.