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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35801

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10531

1. PLACE OF DEATH:

(a) County ST LOUIS MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mths (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County COOK 993
(c) City or town TECHNEY** ----Illinois
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BROTHER MARK (RUANE)
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
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 JUNE (Month) 3RD (Day) 1888 (Year)

8. AGE: Years 57 Months 6 Days = If less than one day — hr. — min.

9. Birthplace IRELAND (City, town, or county) 7 (State or foreign country)
10. Usual occupation BROTHER
11. Industry or business RELIGIOUS ORDER
FATHER
12. Name THOMAS RUANE 4
13. Birthplace IRELAND 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BRIDGET CLINE
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
16. (a) Informant Bro Celestine Fonhot
(b) Address Techny, Illinois
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, ~~TECHNEY~~ ILL
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 HOGAN STR.
19. (a) DEC 4 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd. year 1945 hour 4/00 minute 40 A. M.
21. I hereby certify that I attended the deceased from June 22nd, 1945, to Dec. 3rd, 1945; that I last saw him alive on December, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. Unterberg (M. D. or other)
Address 325 Fresco Bldg St L Date signed 12/7/45

(Licensed Embalmer's Statement on Reverse Side) H. Unterberg

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.