S. No. 2
0M—2-43
v. 5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38555

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2730

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Midlink, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Treston & Van Cleve Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Midlink, Mo., 0
(If outside city or town limits, write "RURAL")

(d) Street No. Treaston & Van Cleve 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Christopher Mc Brian

3. (b) If veteran, name war

3. (c) Social Security No. 492-01-7136

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Nettie McBrian

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 10, 1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business International Shoe Co.

FATHER
12. Name Linn McBrian
13. Birthplace (City, town, or county) Unknown 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant Nettie McBrian /
(b) Address Treston & Van Cleve Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) 12-3-45 (Date received local registrar) (b) E. B. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1945 hour 9.30 A. M. minute M.

21. I hereby certify that I attended the deceased from Death without medical attendance, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to 94 a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 12/3/45

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1945

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. 1284

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.