

No. 2
-8-43
5-17-39
X37823

FILED FEB 1 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 758

1. PLACE OF DEATH:

(a) County Missouri

(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 Good Shepherd (3801 Gravois)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years
(Specify whether _____)

In this community _____
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. 3801 Gravois Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME (Annie Brichler)
Sr. Magd. of St. Mary Magdalen

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

4. Sex female / 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 July 26 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct-15
1945 to Jan-21, 1946.

that I last saw her alive on 1/22/46, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death:
Cerebral Hemorrhage
Myocardial Chronic

Due to _____

Due to _____

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

9. Birthplace Bellville, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business _____

12. Name John Brichler

13. Birthplace Dont Know /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brichler

15. Birthplace Dont Know /
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Sister Francis Xavier
(b) Address 3801 Gravois Ave.

17. (a) Burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Danahy
(b) Address 3840 Lindell Blvd.

19. (a) JAN 23 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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 D. J. O'Donnell (M. D. certifying)
Address 2917 1/2 N. Humphrey Date signed 1/23/46

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

MOTHER FATHER

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.