

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 8 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3144

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oan

(c) City or town St Louis 2/17
(If outside city or town limits, write "RURAL")

(d) Street No. 1903a Biddle St. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Michael Brickhouse

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

4. Sex Male 2 5. Color or race Col

6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Nov. 17 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 4 2 hr. min.

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

10. Usual occupation Infant

11: Industry or business _____

MOTHER, FATHER { 12. Name George E. Brickhouse

13. Birthplace Forrest City Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Vera Henderson

15. Birthplace Bolivia Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Brickhouse

(b) Address 1903a Biddle St.

17. (a) Burial (b) Date thereof 3/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) MAR 25 1947 (b) J. F. Breeseh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 2 minutes 55 6 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation (dehydrochlorination)

Due to _____

Due to 16/10

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) _____ (Means of injury)

23. Signature [Signature] (M. D. or other) 3

Date signed 3/25/47

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

81

Handwritten mark

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

L Boykin

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lomnie Boykin

Licensed Embalmer No.

2946

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.