No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6970

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1358

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3yrs.3mos.6ds. (Specify whether years, months or days)
In this community 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRYAN ST. AUBREY
3. (b) If veteran, name war
3. (c) Social Security No.

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 Nov. 1, 1908 (Month) (Day) (Year)

8. AGE: Years 39 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Dishwasher
11. Industry or business

MOTHER FATHER
12. Name Patrick St. Aubrey Sr.
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Almira D'Orleans
15. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Thelma Lengler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Brancak (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6 year 1948 hour 5.18 minute A M.
21. I hereby certify that I attended the deceased from Oct. 30 1944, to Feb. 6 1948; that I last saw him alive on Feb. 6 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Larynx c
Due to Metastasis 9/30/47
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. Nohlallen (M. D. or other)
Address 5400 Arsenal St. Date signed 2/6/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.

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