FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No. 20774
Registrar's No. 6041

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary 5800 Arsenal 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 yrs. 3 mo. 11 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 13 0
If yes, name country -

3. (a) PRINT FULL NAME Maggie Cox
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife William
(c) Age of husband or wife if alive 83 years
7. Birth date of deceased Dec. 14, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 21 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Michael Brennan
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Mary Kenneth
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Infirmary
(b) Address 5800 Arsenal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park
18. (a) Signature of funeral director John H. Gebhardt
(b) Address 2630 Gravois
19. (a) JUL 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from JULY the 2nd. 1945 to JULY 5th; 1948 that I last saw her alive on JULY 5th; 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardiac failure	
Due to 1946 plus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Elmer Dwaine Bowdish (M. D. ~~or other~~)
Address Date signed

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 J. Alden Davis Jr.

Licensed Embalmer No. 4053

P. O. Address 4104 Manchaster

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.