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FILED AUG 6 1948
Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Arthur P. Brickey

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June - 2 - 1883
(Month) (Day) (Year)

8. AGE: 65 Years 1 Months 23 Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired 5 years

11. Industry or business Telephone worker

MOTHER FATHER { 12. Name Unk.
13. Birthplace Unk
(City, town, or county) (State or foreign country)
14. Maiden name May C. Staples
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence P. Brickey

(b) Address 3229a Michigan

17. (a) Burial (b) Date thereof 7-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Hope Cemetery

18. (a) Signature of funeral director southern funeral home
(b) Address 6322 S. Grand Blvd.,

19. (a) JUL 26 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6626 Vermont
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 10 55 minute P M.

21. I hereby certify that I attended the deceased from 24 July 1948 to 5 July 1948
that I last saw him alive on 25 July 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic alcohol heart disease Duration 10 yot

Due to Chronic nephritis 5 yot

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

Major findings: 1/2/1
Of operations _____
Of autopsy _____
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)
(e) Means of injury _____

23. Signature William F. Williams (M. D. or other) M.D.
Address 7612 1/2 W. 11th Date signed 7/26/48

SEP 16 1948

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. W. Bentley*
Licensed Embalmer No. *23653*
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.