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

#822201
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

318

Primary Registration District No. 1003

State File No. 7482

Registrar's No. 7482

1. PLACE OF DEATH:
(a) County. St. Louis, Mo.
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)
St. Louis City Hospital-Max C. Starkoff
(If not in hospital or institution, write street number or location)
(c) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME FLORA BRESNAN
(b) If veteran, name war
(c) Social Security No.

4. Sex FE 1 5. Color or race W 6. (a) Single, widowed, married, divorced. M 11
6. (b) Name of husband or wife MAURICE G. BRESNAN 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JAN 7 - 1904 (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 19 If less than one day hr. min.
9. Birthplace P. DUCAN KY (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

MOTHER FATHER { 12. Name GEORGE W. CRENSHAW
13. Birthplace TENN (City, town, or county) (State or foreign country)
14. Maiden name CLARA MORRISON
15. Birthplace TENN. (City, town, or county) (State or foreign country)
16. (a) Informant MAURICE G. BRESNAN
(b) Address 3967 BLAINE
17. (a) REMOVAL (b) Date thereof AUG 26 - 48 (Month) (Day) (Year)
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation FULTON KY
18. (a) Signature of funeral director E. J. SCHNOR
(b) Address 1515 Lafayette
19. (a) AUG 28 1948 (b) J. F. Bresnack (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3967 BLAINE 9
Memorial (17) (If rural, give location) 0
(e) Citizen of foreign country (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 26th
year 1948 hour 4 minute 05 AM.
21. I hereby certify that I attended the deceased from 8/25/48
19 to Aug. 26th 19 48
that I last saw her alive on Aug. 26th 19 48
and that death occurred on the date and hour stated above.
Immediate cause of death LAMINIC'S
Cerebrovascular
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
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?
(Specify type of place)
While at work (e) Means of injury
23. Signature 1515 Lafayette 8/26/48 (or other) 100
Address Date signed

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.....

Licensed Embalmer No. *4084*

P. O. Address *St. Louis*

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.