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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38849

FILED DEC 4 1948
Registration District No. 517

Primary Registration District No. 3063

Registrar's No. 2050

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town W. HAZEN 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6231 BARTMAN
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAISY BRIEGLEB

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-20-8118

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
7. Birth date of deceased: (Month) 5 (Day) 9 (Year) 1896

8. AGE: Years 72 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace MARTINSBURG W. VA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name PERRY FOREMAN
13. Birthplace W. VA. 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY E. CROSSMAN
15. Birthplace W. VA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. NINA ROTH
(b) Address 5455 OLMARK

17. (a) Burial (b) Date thereof 11-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. Bellefontaine Cyn

18. (a) Signature of informant [Signature]
(b) Address 1325 Union Blvd

19. (a) 11-13-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER
P, 1948, to NOVEMBER 14, 1948;
that I last saw her alive on NOVEMBER 14, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
hemorrhage from a cerebral vessel
Due to hypertensive cardiovascular disease
Due to 93d

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
Signature [Signature] (M. D. or other) [Signature]
Address 601 Brentwood Blvd Date signed 11/14/48

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 Robert M. Murray
Licensed Embalmer No. 3749
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.