

13-40
7-39
X237

JAN 8 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2368

1. PLACE OF DEATH: St. Louis Co.
 (a) County: Normandy
 (b) City or town: Normandy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bridge Rd.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution: 14 years
 (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME: Annie Bruhn
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: None

4. Sex: Female
 5. Color or race: white
 6. (a) Single, widowed, married, divorced, widowed
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Don't Known
 (Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day
 hr. min.

9. Birthplace: Ireland
 (City, town, or county) (State or foreign country)
 10. Usual occupation: retired

11. Industry or business: _____
 12. Name: Joseph Sweeney
 13. Birthplace: Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name: Rose O'Donnell
 15. Birthplace: Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant: Sister Constance
 (b) Address: 7626 Nat. Bridge Rd.
 17. (a) Burial (b) Date thereof: Dec 16 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Jos. W. Clark
 (b) Address: 1125 Hodiamont ave.
 19. (a) DEC 14 1940 (b) P. R. Meyer M.D. L.P.H.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo. (b) County: St. Louis Co.
 (c) City or town: Normandy
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 7626 Nat. Bridge Rd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
 year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 26, 1940 to December 13, 1940.
 that I last saw her alive on December 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Generalized Arteriosclerosis, Chr. Hypertension, Chr. Myocarditis
 Secondary: Cerebral Apoplexy, left side in complete Hemiplegia, Myocardial Failure, Cerebral Pressure caused by hemorrhage of the brain - 12 days

Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings: Of operations: None
 Of autopsy: None
 PHYSICIAN: _____
 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?
 707 (Specify type of place) While at work? (e) Means of injury.

23. Signature: P. R. Meyer M.D. L.P.H. M.D. or other M.D.
 Address: 3718 Jennings Rd., Pine Lawn Date signed: 12-14-40

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

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..... *Mark L. Tiernan*

Licensed Embalmer No..... No. 41745

P. O. Address..... 1125 Hodiament AV

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.