

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community about 2 1/2 years  
years, months or days

3. (a) PRINT FULL NAME Catherine Brim

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Cal

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Brim

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov 19 1945  
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 17 If less than one day  
hr. min.

9. Birthplace Canton / Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Washington

13. Birthplace Canton / Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Laile

15. Birthplace Canton / Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Deeds Brim

(b) Address 242 E. Elliot St

17. (a) Ship (b) Date thereof 3 15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Miss

18. (a) Signature of funeral director J. D. Richardson

(b) Address 2625 Blair St

19. (a) MAP 1-0-1941 (b) J. A. Brudwick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00021

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2026 Carr  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1941 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from March 4, 1941 to March 8, 1941  
that I last saw her alive on March 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo Vascular Syphilis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 H. J. S. [unclear] (M. D. or other) \_\_\_\_\_

Address 2600 Whittier Date signed \_\_\_\_\_

Duration

Indef.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*A. H. Richards*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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.**