No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RUD APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9066

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2476

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:
Home for the Aged, 3400 So. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME ALICE A. BROWN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick

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

7. Birth date of deceased July (Month) 2 (Day) 1864 (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Edward Creeley
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Enphrasie Mareshal
15. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Barrett
(b) Address 710 Clara Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) (Day) 1941 (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebhen Liv. & Und. Co.
(b) Address 2842 Meramec St.

19. (a) MAR 19 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 8, 1939, to Mch 17, 1941; that I last saw her alive on Mch 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Myocardial Failure Dilatation

Due to Ch. Endocarditis Mitral & Aortic Valvular

Due to Disease (Unknown Etiology)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 1 day 3 yrs

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. R. Bradley (M. D. or other)
Address Univ Club Bldg Date signed 3/18/41

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. _____ working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.