

JAN 24 1942
Registration District No. **791**

Primary Registration District No. **10**

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **16 000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3825 Dunnica**
(If rural, give location) **5**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23rd**
year **1941** hour **9** minute **15** A.M.
21. I hereby certify that I attended the deceased from **April 10**
1941 to **Dec 23** 19**41**
that I last saw him alive on **Dec 23** 19**41**
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **ANNA BROWN**
3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

Immediate cause of death: **Malignant Glioma of Brain**
Metastases of Lung of Brain
Duration **about 6 mos.**
Due to _____
Due to _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elmer** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Aug. 27, 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 **3** **26** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Muich**
13. Birthplace **Croatia**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Muich**
15. Birthplace **Croatia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Brown**
(b) Address **3825 Dunnica**

17. (a) **Burial** (b) Date thereof **Dec. 26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul**

18. (a) Signature of funeral director **W. C. Maydell**
(b) Address **1926 Allen Ave**

19. (a) **9-20-1941** (b) **J. F. Braddock**
(Date received by registrar) (Registrar's signature)

Other conditions **Full term pregnancy - normal labor - child alive**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy: **Malignant glioma of Brain**
Metastases of Lung of Brain

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 **J. F. Braddock** (M. D. or other) **MD**
Address **3548 S. Grand** Date signed **12/23/41**

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

10354

10354

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 Benny C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1916 Allen

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.