

MAILED MAY 1 1942

Registration District No. 80

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years. (Specify whether
In this community 57 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Powell Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Theresa Brick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 16 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 4 If less than one day
hr. _____ min.

9. Birthplace Miners Delight, Wyoming
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School teacher

11. Industry or business Public Schools

12. Name Edward Finn Brick

13. Birthplace County Cary Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Dunleavy

15. Birthplace County Clare Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite B. Smith

(b) Address Rubidoux Hotel, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Herman W. Spudis

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 4-21-42 (b) Rose King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1942 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 22 1940 to April 20 1942
that I last saw h. er alive on April 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration June 1940
Due to Arterio-sclerosis, general Unknown

Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____
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) NO

(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 0

23. Signature Phil D. Spivey (M. D. or other) M.D.
Address St. Joseph Mo. Date signed 4-22-42

1233

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

11
1
7

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.....

Albert P. Harrington

Licensed Embalmer No.....

3358

P. O. Address.....

H. Joseph, 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.