

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:  
**Firmin Desloge 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 \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3940 Lindell Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Brindle, Josephine**

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

4. Sex **F.** 5. Color or race **W.** 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 **9-14-1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71** **8** **16** hr. min.

9. Birthplace **Johnstown, Pa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **sewing**

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

MOTHER FATHER { 12. Name **Mother: Matilda Schultz (dead)**  
**Father: Jacob Brindle (dead)**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record of Firmin Desloge Hospital**

(b) Address **1325 South Grand Blvd.**

17. (a) **Burial** (b) Date thereof **6-3-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Johnstown, Penn.**

18. (a) Signature of funeral director **Cullinane Bros**

(b) Address **1710 N. Grand Blvd.**

19. (a) **J. F. Braddock** (b) **J. F. Braddock**  
(Date of local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**  
year **1942** hour **five** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **May 27, 1942** to **May 30, 1942**  
that I last saw her alive on **May 30, 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart disease of uncertain**

Due to **9/4**

Due to **15 yr.**

Other conditions **Bronchial asthma**  
(Include pregnancy within 3 months of death)

Major findings: **None performed**  
Of operations

Of autopsy **None permitted**

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? **Yes** (Specify type of place) (e) Means of injury **No**

23. Signature **J. O. Brown** (M. D. or other) **M.D.**

Address **1325 So. Grand Blvd.** Date signed **5/31/42**

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

0  
7

0-10  
19  
9

0

Duration

**Uncertain**

**15 yr.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**St. Louis, Mo.**

**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.....

*Fred Frick*

Licensed Embalmer No.....**3186**.....

P. O. Address.....**St. Louis, 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.**