S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38526

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10854

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3409a Wyoming Street /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 169

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

(d) Street No. 3409a Wyoming Street
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary M. Brining

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Brining

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

7. Birth date of deceased July (Month) 13, (Day) 1867 (Year)

8. AGE: Years 75 Months ~~6~~ 5 Days 12 If less than one day hr. min.

9. Birthplace Chester, Illinois / (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business --

FATHER
12. Name Frederick Griese
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Brining
(b) Address 7223 Winchester, Normandy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Heldorle & Co
(b) Address 3634 Gravois Avenue

19. (a) DEC 28 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1942 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from May 10th, 1936 to Dec. 25th, 1942
that I last saw her alive on Dec. 25th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	6 hours
Due to Chronic Myocarditis	5 yrs.
Due to Arterio-Sclerosis	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Albert Beisbarth (M. D. or other) M.D.
Address 3548 S. Grand Date signed 12/26/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

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.