

1. PLACE OF DEATH
 (a) County St. Louis
 (b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Old Folks Home of Kirkwood, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Yrs. 3 Months
(Specify whether
 In this community 5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 485 S VanBuren
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country TI

3. (a) PRINT FULL NAME Mary Westbrook Brossard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Julian Brossard 6. (c) Age of husband or wife if alive Dec 27 1856 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 12 hr. min.

9. Birthplace Collinsville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER } 12. Name Jos Westbrook

13. Birthplace Putman Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mayer

15. Birthplace Collinsville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home Records

(b) Address 711 S Kirkwood Rd Kirkwood Mo.

17. (a) Burial (b) Date thereof 7/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Mittelberg Fun. Homes
Kirkwood & Webster Groves, Mo.

(b) Address JUL 13 1944

19. (a) _____ (b) E. J. McBaran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 9
 year 1944 hour 1 minute 30A M.

21. I hereby certify that I attended the deceased from 7-8
 1944, to 7-9, 1944;
 that I last saw him alive on 7-8, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration _____

Due to _____

Due to _____

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Symptomatic

Major findings: Of operations _____

Of autopsy 8301
 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? _____

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

23. Signature E. J. McBaran (M. D. or other) _____
 Address Kirkwood, Mo. Date signed 7-11-44

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

6
4
3

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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 Jabu M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.