

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2381

State File No. _____

FILED FEB 7 1945
Registration District No. 144

Primary Registration District No. 4734

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington ¹¹⁰

(c) City or town Rural:
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Brill

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1945 hour 4:00 minute 05 P. M.

4. Sex Fem 5. Color or race White

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

6. (b) Name of husband or wife George Brill

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

7. Birth date of deceased January 27 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-9-45 1945 to 1-17-45 1945
that I last saw h. er alive on January 17, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death acute terminal bronchial pneumonia ^{Duration 1/15/45}

Due to chronic passive congestion & angina pectoris ^{1/9/45}

Due to _____

9. Birthplace Edgar Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions chronic nephritis ^{??}
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Richardson

13. Birthplace Noblesville Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Bell

15. Birthplace Salesville Ohio
(City, town, or county) (State or foreign country)

Major findings: 131
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant George Brill

(b) Address Irondale Mo. Rt #1

17. (a) removal (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris Illinois

18. (a) Signature of funeral director Norman White & Sons

(b) Address Irondale Mo.

19. (a) Jan 21, 1945 (b) Mrs. Francis C. Howard
(Date received local registrar) (Registrar's signature)

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 Inde.

23. Signature P. E. Harland (M. D. or other) Inde.

Address Ironton, Mo. Date signed 1-18-45

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

7
0

1360

JUN 4 1946

RECEIVED

District Health Officer No. 4
District File Number 245-175
Date Filed 2-6-45

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 Arcey White
Licensed Embalmer No. 3012
P. O. Address Imperial Ave

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.