V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

State File No. 25464

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7868

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: 2801 North 10th St
(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 600

(c) City or town Saint Louis 17 W
(If outside city or town limits, write "RURAL")

(d) Street No. 2801 North 10th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Brickey

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Silas Brickey

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

7. Birth date of deceased June (Month) 26 (Day) 1853 (Year)

8. AGE: Years 92 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Washington County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace — (City, town, or county) a (State or foreign country)

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

16. (a) Informant Mr Charles Brickey
(b) Address 907 Mound

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave.

19. (a) SEP 8 1945 (Date received local registrar) (b) J. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1945 hour 1205 minute a M.

21. I hereby certify that I attended the deceased from Sept 2, 1945 to Sept 7, 1945 that I last saw her alive on Sept 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Enterocolitis	6 days
Mitral Incompetency	3 yrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. S. Jaques (M. D. or other)

Address 302 Jefferson Date signed 9/8/45

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1575 Aldine

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.