

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 14 days
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Annie Brice

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

3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid

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

6. (c) Age of husband or wife if alive..... years 1863

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: abt 83 Years Months Days If less than one day
hr. min.

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

10. Usual occupation House work

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name " 9

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

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier

17. (a) Anatomical Board Date thereof 6-17-46
(Burial, cremation, or removal) (City) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director J. P. Reiter

(b) Address 3500 Rogers

19. (a) JUN 27 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town..... St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 1306 Sarfield 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 10
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-28- 1946 to 6-11 1946
that I last saw her alive on June 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerotic Heart Disease Duration Unk

Due to.....

Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... No

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).....

Date of occurrence.....

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) 6
Means of injury.....

23. Signature Oren J. Lyles (M. D. or other)

Address 2601 N Whittier Date signed 6/12/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.