

No. 2
2-45
7-39
X4770

FILED JAN 31 1947

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3696

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose Sanitorium 0
(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)

3. (a) PRINT FULL NAME Roy R. Brickell

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Brickell 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased September 2 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 3 28 hr. min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business _____

12. Name Harve H. Brickell

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

14. Maiden name Lena B. Stringfellow

15. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H.H. Brickell

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 1-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 1-2-47 (b) Ruth Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 422 Oak St. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1946 hour 12 minute 05 AM.

21. I hereby certify that I attended the deceased from July 15
1946 to Dec 28 1946
that I last saw her alive on Dec 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis
Duration 1 1/2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury 0

23. Signature John C. Murphy (M. D. or other) M.D.

Address 4500 Olive St. Date signed 1-2-47

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Oliver R. Padwell*
Licensed Embalmer No. *4077*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.