

FILED MAR 11 1947

Registration District No.

318

Primary Registration District No.

1003

1953

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:
4259 Red Bud Ave.
(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 Mary Brehm

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frederich 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 5 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	2	20	hr. min.

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

10. Usual occupation Housework

11. Industry or business Home

12. Name Felix Geiger

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

14. Maiden name Unknown Grup

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

16. (a) Informant Dorothy Brehm

(b) Address 4259 Red Bud

17. (a) Burial (b) Date thereof 2/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Proust Ind. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) FEB 26 1947 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4259 Red Bud 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb. 25 1947 to Feb. 25 1947,
that I last saw her alive on Feb. 25 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterio-sclerosis a few hours

Due to Ch. Endocarditis a day
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy

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? Zone (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 R. J. Rigler (M.D. or other) 47
Address 4158 Newport Date signed 2/25

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—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..... *V. Morris*

Licensed Embalmer No. *3360*

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.