S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17423 5640

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 3631 Chippawa Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-9

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

(d) Street No. 16 3631 Chippawa Str.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Brielmaier

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 Joseph Brielmaier

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

7. Birth date of deceased April 5. 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Carl Schwaegel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Regina Reinhardt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Adelle Brielmaier
(b) Address 3631 Chippawa Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Athens, Ill.

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1941, to May 30, 1948 that I last saw her alive on May 29th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarction	5 days
Arteriosclerotic heart disease	7 yrs.

Due to

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 R. V. Powell (M. D. or other)
Address 3720 Washington Date signed 5/31/48

(Licensed Embalmer's Statement on Reverse Side)

DR. R. V. POWELL
3720 WASHINGTON NE 9282
818 S. HANLEY CA. 8797

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 Frank A. Moore

Licensed Embalmer No. 3041

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.