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FILED OCT 23 1948
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Registration District No. _____

Primary Registration District No. **3008**

Registrar's No. **299**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr 7 mo 4 day
(Specify whether
In this community 2 yr 7 mo 4 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6203 Cole Boulevard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARIE VASQUEZ

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife OK
6. (c) Age of husband or wife if alive decd years
7. Birth date of deceased: Feb 19 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Frank X. Briguelem
13. Birthplace OK Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lily Wallingby
15. Birthplace OK Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Fulton, Missouri

17. (a) Removed (b) Date thereof Oct 11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Wallace Truener Home
(b) Address Fulton Mo

19. (a) Oct 11-1948 (b) Jocie Moravickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1948 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from 1 January
1944 to October 10, 1948
that I last saw her alive on Oct 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy

Due to _____

Due to _____

Other conditions Problems with epileptic deterioration
(Include pregnancy within 3 months of death)
Major findings: Observed hemorrhage

Of autopsy see above 15

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) _____
(e) Means of injury 6

While at work? _____
23. Signature Dr R.P. Pinner (M. D. number) _____
Dr Wayne Murphy
Address Fulton, Missouri Date signed 10-29-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 22 1948

NO. 9

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

Demil C. Browning

Licensed Embalmer No. *2724*

P. O. Address *Fulton ms*

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.