

FILED JAN 24 1949
Registration District No. 377

Primary Registration District No. 6476

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Rural
(c) Name of hospital or institution: Miller Nursing Home
(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

2. USUAL RESIDENCE OF DECEASED: 3000
(a) State Missouri (b) County St Louis
(c) City or town 8149 Gravois Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8149 Gravois
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY Elizabeth Brodacker
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24
year 1948 hour _____ minute P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 21st, 1948 to Dec. 24th, 1948
that I last saw her alive on Dec. 21st, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
about	<u>56</u>			hr. _____ min.

Immediate cause of death
Carcinoma (Cancer) of the Uterus with General Metastasis 2 Mo.
Due to _____
Due to 48 to

9. Birthplace Mississippi Co Ky
(City, town, or county) (State or foreign country)
10. Usual occupation unknown Housewife

Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

11. Industry or business _____
12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Brodacker
(b) Address 1743 Hickory Lane

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? _____

(c) Place: burial or cremation Gideon Mo
18. (a) Signature of funeral director Grandview Mortuary Service
(b) Address 4104 Main Chester
19. (a) 12-30-48 (Date received local registrar)
(b) Harold J. Jung (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature H. T. Hall (M. D. or other)
Address 3608 S. Grand Blvd. Date signed 1/2/49

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

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 John M. Seymour

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo.

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.