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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42791

State File No. _____

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. **2894**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3: (a) PRINT FULL NAME Natalie Brown

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 Widow

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

7. Birth date of deceased: October 25 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis Cartier

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

14. Maiden name Mary Besancenez

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

16. (a) Informant Mr. Wm. Naber

(b) Address 1935 Switzer Ave Jennings

17. (a) Burial (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) 12-29-48 (b) Thured V. Schringer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1948 to Dec 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Hypertension

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy H&T

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 _____

Signature R. B. Lenny (M. D. or other)

Address 1000 Grove Street, Mo. Date signed 12-29-48

Duration _____
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 22 1949

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 *Wilford E. Burnley*

Licensed Embalmer No. *4202*

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.