

Registration District No. 318

Primary Registration District No. 1003

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

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..... PARK LANE HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 000  
(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 3652 EVANS AV. 9  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME..... MARIE C. BRIGANCE  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... OCT day..... 10<sup>th</sup>  
year..... 1947 hour..... 3 minute..... 30<sup>p</sup> M.

4. Sex..... FEMALE 5. Color or race..... WHITE  
6. (a) Single, widowed, married, divorced..... MARRIED  
6. (b) Name of husband or wife..... THOMAS  
6. (c) Age of husband or wife if alive..... 42 years  
7. Birth date of deceased..... OCT 7 1916  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... Sept. 22, 1947, to Oct. 10 1947  
that I last saw her alive on Oct. 10, 1947  
and that death occurred on the date and hour stated above.  
Duration

8. AGE: Years Months Days If less than one day  
31 0 3 hr. min.

Immediate cause of death.....  
Cirrhosis of liver.  
Due to..... Empyema of gallbladder.

9. Birthplace..... FARMINGTON, MO 0  
(City, town, or county) (State or foreign country)

Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)  
124

10. Usual occupation..... HOUSEWIFE

11. Industry or business..... OWN HOME

12. Name..... ISAAC M. DANIEL 9

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

14. Maiden name..... CORABELLE GRAFF

15. Birthplace..... ILLINOIS 1  
(City, town, or county) (State or foreign country)

16. (a) Informant..... THOMAS BRIGANCE

(b) Address..... 3652 EVANS AV.

17. (a)..... BURIAL (b) Date thereof..... 10-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... PLEASANT HILL Cem. MO.

18. (a) Signature of funeral director..... ROWLAND FUNERAL SER.

(b) Address..... 4355 WASHINGTON AV.

19. (a)..... OCT 14 1947 (b).....  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....  
Of autopsy..... No 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?..... (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?.....  
While at work?..... (Specify type of place)  
Signature..... Henry J. Suchard (M.D. or other) M.D.  
Address..... 4930 Lindell, St. Louis, Mo. Date signed..... 10/11/47

PHYSICIAN  
Underline the cause of which death should be charged statistically.

9501

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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..... *Ronald Yahnke* .....

Licensed Embalmer No..... *3917* .....

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.