

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

Rev. 5-17-39 I 11931
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1939
 Registration District No. 791
 1000

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
 (c) Name of hospital or institution: Homer G. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
 (Specify whether
 In this community Unknown
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 107 N. Channing
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Lucy Brown 650

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race negro

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 15, 1882
 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation H.P.A.

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Edward Wilson

(b) Address 107 N. Channing Ave

17. (a) _____ (b) Date thereof Nov 9, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pt

18. (a) Signature of funeral director English and Co

(b) NOV 9 1939 (c) J. F. Bredich
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
 year 1939 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 10-21- 1939, to 11-4- 1939
 that I last saw her alive on 11-4- 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration About 8 Yrs

Due to Cerebral Accident Unknown

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)

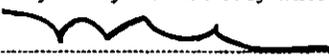
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place) (a) Means of injury _____

23. Signature H. J. Lyman (M. D. or other)
 Address 2601 W. Whittier St Date signed 11-6-1939

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..... *Louis V. Atkinson*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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, above space should be left blank.