

2
10-39
7-3
X187

MAY 15 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3827

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3027a Rutger
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Rufus Brown 650

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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: 9 5 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 19 hr. min.

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

10. Usual occupation Day laborer

11. Industry or business _____

12. Name Isaac Brown

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

14. Maiden name Jeanetta Green

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

16. (a) Informant Russell Barrett

(b) Address 3144a Hickory St.

17. (a) Burial (b) Date thereof 4/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) APR 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 40 hour 11:55 minute P.M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 24, 1940
that I last saw him alive on April 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Arteriosclerosis

Due to _____
Due to _____

Other conditions Congestive of Lt. 3rd Toe Abs 3-4 wks
(Include pregnancy within 3 months of death) Abt. 3-4 wks.

Major findings: Of operations _____

✓ Of autopsy Diabetes Mellitus
Arteriosclerosis

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 _____

23. Signature [Signature] (M. D. or other) _____
Address 2501 N. Whittier Date signed _____

Duration

7 Yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Joel Russell

Licensed Embalmer No.....

4102

P. O. Address.....

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.