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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41143

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10914

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: City Hospital # 1
(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:

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 Hickory St.
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MABEL BROWN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 9 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	9	22	hr. min.

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

10. Usual occupation At Home 0

11. Industry or business /

FATHER
12. Name Isac Rosa 0
13. Birthplace (City, town, or county) New York (State or foreign country) /

MOTHER
14. Maiden name Unknownn
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John W. Brown
(b) Address 1002 Hickory St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. Gebken Liv. & Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1940 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fatty Degeneration of the Heart; Contrib: Chronic Diffuse Nephritis; with Effusion.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

131

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? /
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature James J. Fitzsimmons Coroner (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St.
St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.