

No. 2
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-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8813
2223
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2619 Market Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)
In this community 50 Years

3. (a) PRINT FULL NAME Mary K. Brown

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F. /
5. Color or race W.
6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Edward Brown
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Unk. Unk. 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months Unk. Days Unk. If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
12. Name John Kenny
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Mayock
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Brown
(b) Address 2619 Market Place

17. (a) Burial (b) Date thereof 3-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur Donnell
(b) Address 3840 Lindell Blvd

19. (a) MAR 10 1941 (b) J. M. Bedeck
(City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00021
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2619 Market Place 9
(If rural, give location)
(e) If foreign born, how long in U. S. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th.,
year 1941 hour 11 minute P. 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
Due to Tuberculosis
Due to

Other conditions
(Include pregnancy within 3 months of death)
Major findings: / 118
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? (Specify type of place)
23. Signature Arthur Donnell (M. D. or other)
Address 3840 Lindell Blvd Date signed 3/10/41

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

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7
9

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.