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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12064

Primary Registration District No. 111

Registrar's No. 492

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

6
8
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Rural Hyde
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 4143 Farlin Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Mary Brown
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Martin Brown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 5 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	27	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation none
11. Industry or business at home

MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Hilda Brown
(b) Address 4143 Farlin ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 5, 41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's
18. (a) Signature of funeral director A. Kron L. U. C.
(b) Address 2707 Grand blv
19. (a) MAR 3 1941 (Date received local registrar) (b) R. Muller M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1941 hour 7 minute 50 a. M.
21. I hereby certify that I attended the deceased from Dec. 23rd 1940, 19..., to March 2nd, 1941; that I last saw h. w. alive on March 1st, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lymphatic Leukemia — 3 Months
Due to
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? (Specify type of place) (e) Means of injury

23. Signature Edwin J. Frobisch (FROELICH) (M. D. or other)
Address 3635 Ind Louis Date signed 3/3/41

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Paul Knoblenberg

Licensed Embalmer No. 26.31

P. O. Address 2707 N Grand

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.