

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12980**
Registrar's No. **3390**

Registration District No. **7911** Primary Registration District No. **1003**

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:
St Marys Infirmary
(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)

3. (a) PRINT FULL NAME **Rena Brown**

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

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rola** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **6 9 1891**
(Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Greenville South Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James Allums**
13. Birthplace **Greenville South Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Sallie Linhart**
15. Birthplace **Greenville S.C**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nellie Cotton**

(b) Address **4369a West Belle**

17. (a) **Burial** (b) Date thereof **4/19/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **J. H. Randle & Son**

(b) Address **3133 Bell Avenue**

19. (a) **APR 19 1941** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000 1711**
(c) City or town **St Louis** (If outside city or town limits write "RURAL")
(d) Street No. **4369a W. Bell Place** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1941** hour **10** minute **45 A.** M.

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

Immediate cause of death **Edema of Brain; Cholelithiasis; Chronic Nephritis.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 **James J. [Signature]** (M. D. or other) _____
Address _____ Date signed _____

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

S. J. Watson
.....
Licensed Embalmer No. 2698
P. O. Address 2769 Chouteau

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.