

MAY JUN 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18929

State File No.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 994

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo., 17 days
(Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Scott Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 9 minute :40 A.M.
21. I hereby certify that I attended the deceased from 2-22-41
19... to 5-9-41 19...
that I last saw her er alive on 5-9-41 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Perinephric abscess 2 weeks
Due to Empyema 3 months
Due to Pneumonia 3 months ago
Other conditions Fistula fistula 1 week
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations Perinephric abscess
Of autopsy

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)

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

23. Signature [Signature] (M.D. or other) 0
Address [Address] Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

3. (a) PRINT FULL NAME Uther Brown

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

4. Sex female 5. Color or race colored 5. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Jake Brown 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug. 3 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 9 6 hr. min.

9. Birthplace Lee County Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Thomas Bowie

13. Birthplace unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Sally MacDonald

15. Birthplace unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Bowie

(b) Address 708 Rathloch Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-24-41
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Doty [Signature]

(b) Address 1010 [Address]

19. (a) MAY 10 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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.....

Licensed Embalmer No.

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, fact should be so stated above.