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FILED JUL 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22691

Registration District No. 784

Primary Registration District No. 200

State File No. \_\_\_\_\_  
Registrar's No. 1387

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
16 Oakwood Lane /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 1 yr  
years, months or days

3. (a) PRINT FULL NAME Rosella 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 widowed  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April ?  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 90 ----- ---- hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

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

16. (a) Informant R.L. Chamberlain  
(b) Address 16 Oakwood Lane

17. (a) burial (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Hope

18. (a) Signature of funeral director Fendler and Co.

(b) Address 7420 Michigan Ave.

19. (a) JUL 2 1941 (b) R. L. Chamberlain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 Oakwood Lane  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M. Peril

21. I hereby certify that I attended the deceased from June 20, 1941, to July 1st, 1941; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to \_\_\_\_\_

Due to Chronic Arteriosclerosis for lesion given about 30 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 59

Of autopsy \_\_\_\_\_

Purification \_\_\_\_\_  
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 Edward C. Beck (M. D. or other) \_\_\_\_\_

Address 6424 Michigan Ave Date signed July 1/1941

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

*Dr. Cook  
6424 Michigan*

**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.....

.....  
working under my personal supervision.

*Not Embalmed*

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

Signed.....

*Oliver E. Smoller*

Licensed Embalmer No. ....

*4148*

P. O. Address.....

*St. Louis*

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

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