

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23655

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5997

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

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:
2814 N. Elliott Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 50 years (years, months or days)

3. (a) PRINT FULL NAME Colistia 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 Samuel Brown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased About 1857 (Month) (Day) (Year)

8. AGE: Years abt, 84 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Calloway County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Augustus Alexander
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Peery
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Samuel Brown
(b) Address 2814 N. Elliott Ave

17. (a) Burial (b) Date thereof -16-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willingburg, Mo.

18. (a) Signature of funeral director H. C. Gordon
(b) Address 2649 W. Main St. St. Louis, Mo.

19. (a) JUL 23 1941 (b) J. H. Gredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 200
(If outside city or town limits, write "RURAL")
(d) Street No. 2814 N. Elliott (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Jan 1st
_____ 1939 to July 12 1941
that I last saw her alive on July 12
and that death occurred on the date and hour stated above. 1941

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs
Due to arteriosclerosis

Due to _____
Other conditions Chr Int. nephritis Indefinite
(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?

(Specify type of place) _____
(e) Means of injury _____
While at work? _____
23. Signature Thos A. Lewis (M. D. or other) _____
Address 3154 1/2 Easton Ave Date signed 7-16-41

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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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar Blvd*

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.