

3. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23780

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6122

FILED AUG 28 1941 791

1003

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

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1. PLACE OF DEATH:

(a) County _____

(b) City or town _____

(c) Name of hospital or institution:
Firmin Desloge Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5043 Maple Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Baby Brown

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26
year 1941 hour 11 minute P M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased July 26, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JULY 26
1941, 19____, to JULY 26, 1941;
that I last saw ~~him~~ her alive on JULY 26, 1941;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
--	--	--	8 hr. min.

Immediate cause of death:
PREMATURITY

Due to PREMATURE SEPARATION OF PLACENTA

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Baby

Due to _____

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Kenneth Brown

13. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

14. Maiden name Winona Nuelle (City, town, or county) (State or foreign country)

15. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

Major findings:
Of operation None done

Of autopsy None done

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Kenneth Brown

(b) Address 5043 Maple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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? _____

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

(b) Address 14046 N. Florissant Ave.

19. (a) JUL 28 1941 (Date received local registrar)

(b) J. W. Bledsoe (Registrar's signature)

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

23. Signature Joseph H. Speck (M. D. or other) 0

Address 1525 S. Grand Date signed 7-27-41

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.....

..... **NO EMBALMING**, 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.