No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 33131

Registration District No. 791 | Primary Registration District No. | Registrar's No. 8085

1. PLACE OF DEATH: Homa. B. Philip Hosp

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mo. 5 days
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1331 N. Vandeventer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eugene Brown
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 25 (Day) 1910 (Year)
8. AGE: Years 31 Months 2 Days 9 If less than one day hr. min.
9. Birthplace Crossett (City, town, or county) Ark (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
12. Name Wesley Simpson
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 Eugene Brown
(b) Address 1331 Vandeventer ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 12 (Day) 41 (Year)
(c) Place: burial or cremation Crossett Ark
18. (a) Signature of funeral director Thomas & Davis
(b) Address 2734 Sheridan Ave
19. (a) 10/11/41 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5, 1941 year hour 6 minute 49 A. M.
21. I hereby certify that I attended the deceased from Aug. 30, 1941, 19..., to Oct. 5, 1941; that I last saw him alive on October 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction — Duration: 12 days
Due to: following removal of non-malignant fibroid tumor
Due to:
Other conditions (Include pregnancy within 3 months of death): 56 C
Major findings:
Of operations: 57
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)
While at work? (e) Means of injury C
23. Signature W. E. A. Ford (M. D. or other)
Address 2601 N. Whittier St. Date signed 10-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickson

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.