No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33295

Registration District No. 791 Primary Registration District No. Registrar's No. 8250

1. PLACE OF DEATH:

(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: Homer G. Phillips Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 217a S. Leffingwell D
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Albert Brown

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 54 | Months | Days | If less than one day hr. min.

9. Birthplace Columbus Miss. (City, town, or county) / (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Not Known

FATHER
12. Name Miss.
13. Birthplace / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Miss. / (City, town, or county) (State or foreign country)

16. (a) Informant Albert Brown
(b) Address 217 A Soth Leffingwell Ave.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) OCT 17 1941 (Date received by local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11, 1941
year hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from August. 23, 1941, 19, to October 11, 1941; that I last saw her alive on October 11, 1941, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage secondary to Hypertension	11 weeks
Due to	
Due to	
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature H J Brown (M. D. or other)
Address 2600 Whittier Date signed

(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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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

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