

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(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:  
BARNES HOSPITAL 0 20 days  
(If not in hospital or institution, write the number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Minnie Jane Brown

3. (b) If veteran, name war. No. None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. B. B. Brown  
6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Feb. 27 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 8 32 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business

MOTHER { 12. Name Solomon Turney

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Kennedy

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant. R. E. Brown

(b) Address. St. Elmo, Ill.

17. (a) Removal (b) Date thereof. 11-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Elmo, Ill.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address. 1400 Washington Ave.

19. (a) NOV 20 1941 (b) J. J. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. November day. 19  
year. 1941 hour. 6 minute. 30 P.M.

21. I hereby certify that I attended the deceased from October 30<sup>th</sup> 1941, to November 19, 1941; that I last saw her alive on November 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death  
Primary carcinoma of liver & metastasis to lungs.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy. Same as above

Duration

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. Albert E. Koch (M. D. or other)  
Address. BARNES HOSPITAL Date signed 11-19

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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.....

*Arford J Burnley*

..... Licensed Embalmer No. *4202*.....

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.**