

Registration District No. 189

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town kech  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Robert Kech Hospital 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 162 Days  
(Specify whether years, months or days)

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. 910 - a N. Leonard  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Lula Mae Brown

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife Percy Brown 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased 2 - 8 - 1916  
(Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Waltho Co. Miss!  
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Hotel

12. Name Herman Burton

13. Birthplace Natchez Miss!  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Bridges

15. Birthplace Waltho Co. Miss!  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Kech Hosp. Records

(b) Address kech, Mo.

17. (a) BURIAL (b) Date thereof 5-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Peoples Trust Co.

(b) Address 3100 Chagallin Ave.

19. (a) MAY 4 - 1942 (b) R. T. W. Garrison  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1942 hour 5 minute 56 P.M.

21. I hereby certify that I attended the deceased from 11-19-41  
19 4-30-42 to 4-30-42, 19 42  
that I last saw her alive on 4-30-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1 yr.

Due to 13/41

Due to 13/41

Other conditions (Include pregnancy within 9 months of death)

IB of Intestines

Major findings: Of operations

Of autopsy

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 Herbert C. Smet (M. D. or other)

Address Robert Kech Hosp. Date signed 5/6/42

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

MOTHER FATHER

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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.....

*Jetie Pettus*

Licensed Embalmer No. *4184*

P. O. Address *718 No. Compton*

**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.**