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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19416  
5575

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 797 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Deaconess Hosp.  
(d) Length of stay: In hospital or institution 2 wks.  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Minnie Brown  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Daniel Brown 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Manchester, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
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 Edwin Brown  
(b) Address 3732 Cambridge

17. (a) Burial (b) Date thereof 6-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) JUN 29 1942 (b) (Registrar's signature) J. F. Bremer  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. L.  
(c) City or town Maplewood  
(d) Street No. 3732 Cambridge  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 4 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis (with stones)  
Duration 6 yrs.

Due to Cholecystectomy - June 10 '42

Other conditions Cardio-vascular disease  
(Include pregnancy within 3 months of death)

Major findings: Cholecystitis & Cholelithiasis  
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) Means of injury 0

23. Signature J. F. Bremer (or other) \_\_\_\_\_  
Address 17 E. Logansport Date signed 6/24/42

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

0  
7  
9

96  
5  
NR

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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.....

*J. J. Burgess*

Licensed Embalmer No. *4029*

P. O. Address. *Maplewood*

**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.**