

FILED OCT 6 1942  
318

Registration District No.

Primary Registration District No. 1003

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: --- 3414 Clark  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 years  
In this community 32 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 918  
(d) Street No. 3414 Clark  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 1 years.

3. (a) PRINT FULL NAME Millie Peoples Brown.

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

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

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

7. Birth date of deceased January 9, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 8 17 hr. min.

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

10. Usual occupation Nil.

11. Industry or business

12. Name Samual Johnson

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

14. Maiden name Mary Purlee

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

16. (a) Informant Cynthia Roberts

(b) Address 3414 A. Clark Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1942.  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) SEP 30 1942 (Date received local registrar) (b) J. P. Brudack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 th year 1942 hour ----- minute ----- M.

21. I hereby certify that I attended the deceased from Sept 15 - 1942 to Sept 26, 1942 that I last saw her alive on Sept 26 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mys. Carditis Duration 7 day  
Person at home

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) (a) Means of injury -----

23. Signature J. P. Brudack (M. D. or other) Address ----- Date signed 9-28-42

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

MOTHER FATHER

**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.....

*William C. Mcbowell*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William C. Mcbowell*

Licensed Embalmer No.....

*2114*

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.**