

S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37981

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2477

96000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution Koch Hospital
(d) Length of stay: In hospital or institution 254 days
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3141 Evans
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MYRA BROWN
(b) If veteran, name war
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24
year 1942 hour 11:40 minute P M.

4. Sex Female 5. Color or race Negro
6. (b) Name of husband or wife Daniel Brown
7. Birth date of deceased July 8, 1908

21. I hereby certify that I attended the deceased from 3-10 1942 to 11-24 1942
that I last saw her alive on 11-24 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis

8. AGE: Years 34 Months 4 Days 16
If less than one day hr. min.

Duration 21 mo(?)
Due to 13 1/2

9. Birthplace Tusculumbia Ala. 1
10. Usual occupation Housewife
11. Industry or business

Other conditions Tb. of Intestines
Major findings: Of operations
Of autopsy Confirm above

MOTHER FATHER
12. Name Mitt Byrd
13. Birthplace Ala. 1
14. Maiden name Rebecca
15. Birthplace Ala. 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Koch Hosp. Records
(b) Address Koch, Mo.
17. (a) Burial (b) Date thereof 4/20/42
(c) Place: burial or cremation Cremated

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2012 Woodlawn
19. (a) NOV 28 1942 (b) C. G. Moore
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury D.M.D.
23. Signature Bernard Friedman (M. D. or other) M.D.
Address Koch Hosp. Koch Mo Date signed 11-25-42

DEC 11 1942

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.

My self

Signed.....

[Signature]
Licensed Embalmer No. *2216*

P. O. Address.....

2512. Tenth St

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.