

FILED JAN 13 1943
Registration District No. 848

Primary Registration District No. 1003

Registrar's No. 10992

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Paul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 day
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA VICTORIA BROWN

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

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

6. (b) Name of husband or wife Joseph M. Brown 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 17, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>11</u>hr.min.

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

10. Usual occupation At Home

11. Industry or business

12. Name August Schwent

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

14. Maiden name Theresa Brishle

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

16. (a) Informant Nash Brown

(b) Address 1949 Alice Ave.

17. (a) Burial (b) Date thereof 12/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 30 1942 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1949 Alice Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1942 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 9, 1942 to Dec 28, 1942
that I last saw her alive on Dec 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of superior Mesenteric Artery
Label by Gargan of Lewis blood

Due to [Signature]
Due to [Signature]
Other conditions 1 1/2 Natural heart disease
(Include pregnancy within 3 months of death)

Duration 24 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy Occlusion of superior Mesenteric Artery

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 [Signature] (M. D. or other) no

Address 4222 N. Paul Date signed 12-29-42

2-4
4224 1/2
Co. 65255 - 1820th

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 *Frank A. Moore*
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.