. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

38535

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10361

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: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 525 Clara Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

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12/7
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3. (a) PRINT FULL NAME Cora Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dr John Young Brown

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

7. Birth date of deceased Dec (Month) 6 (Day) 1866 (Year)

8. AGE: Years 76 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John J. South
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Wright
(b) Address 525 Clara Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 12-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Henderson, Ken.

18. (a) Signature of funeral director L. Mullen Mgr
(b) Address 516 S. Demar St.

19. (a) Dec 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/10/42 day year hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 6/15/20, 19, to 12/10/42, 19, that I last saw h. alive on 12/9/42, 19, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral embolism	5 min
Due to: Bacterial endocarditis	6 wks
Due to: ~~Rheumatic heart disease (old healed)~~	40

Other conditions (Include pregnancy within 3 months of death) 0 | N

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. Hall (M. D. or other) Phy
Address Hemphill Bldg Date signed 12/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.