

S. No. 2
M-5-42
5-17-39
I X32873

15911

State File No.

Registrar's No. **5187**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registered District No. **FILED JUN 14 1943**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **5 days**
(Specify whether years, months or days)

In this community..... **21 years**
(Specify whether years, months or days)

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..... **3519 Evans**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Laura Brown**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **Female** 5. Color or race..... **Negro**

6. (b) Name of husband or wife..... **Jesse J. Brown** 6. (c) Age of husband or wife if alive..... **46** years

7. Birth date of deceased..... **12 11 1895**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2,**
year **1943** hour **3** minute **10 A. M.**

21. I hereby certify that I attended the deceased from **May 28,** 19 **43** to **June 2,** 19 **43**
that I last saw h. **or** alive on **June 2,** 19 **43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47	5	22	hr. min.
-----------	----------	-----------	----------

Immediate cause of death.....
Hypertensive Heart Disease
Arteriosclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration
Unk.
Unk.

9. Birthplace..... **Palestine** **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **James Thompson**

{ 13. Birthplace..... **Ark.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... **Ellen Jimerson**

{ 15. Birthplace..... **Ark.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant..... **Jesse J. Brown**

(b) Address..... **715 N. Channing Ave**

17. (a) **Burial** (b) Date thereof..... **6-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood Cem.**

18. (a) Signature of funeral director..... **Peoples Undertaking Co**

(b) Address..... **3100 Franklin Avenue**

19. (a) **JUN 5 1943** (b) **J. F. Busch**
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature..... **S. E. Smith** (Specify type of place) (M. D. or other)
While at work? (e) Means of injury.

Address..... **2601 Whittier** Date signed..... **6/2/43**

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.....

John G. Petrus
.....
Licensed Embalmer No. *4184*

P. O. Address.....
H. Lewis, m

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.