

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6276**

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 13 mos
years, months or days)

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. 2923 Dayton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alberta Brown

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

4. Sex F. 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Brown 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased (Month) 3 (Day) 25 (Year) 1883

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1944 hour 7 minute 40 A.
21. I hereby certify that I attended the deceased from July 9, 1944 to July 12, 1944
that I last saw her alive on July 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Ht Disease with De-
compensation Duration Unknown

8. AGE: Years 59 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation COOK

11. Industry or business.....

12. Name Unknown

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

14. Maiden name..... (State or foreign country) 9

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

16. (a) Informant Claude Mack

(b) Address 2923 Dayton St

17. (a) Buried (b) Date thereof 7-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wm Lowe

(b) Address 2930 Dickson St

19. (a) JUL 15 1944 (b) J. J. Bradeck
(Date received local registrar) (Registrar's Signature)

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) (e) Means of injury.....
23. Signature Alva Moore (M. D. or other) Address 2601 N Whittier St Date signed 7/12/44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

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.