

FILED AUG 18 1945
Registration District No. 27

Primary Registration District No. 6676

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
59 Bellerive Acres
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 59 Bellerive Acres
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3. (a) PRINT FULL NAME

Maria Bown

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 Married

6. (b) Name of husband or wife Samuel Bown

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept (Month)

15 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Benjamin Clark

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

14. Maiden name Mary Hoy

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

16. (a) Informant Samuel Bown

(b) Address 59 Bellerive Acres

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Calvin F Reutz Funeral Home

(b) Address 4828 Nat. Bridge Blvd

19. (a) 8-16-45 (Date received local registrar) (b) 6 J. M. Gowan (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from March, 1945, to Aug 12, 1945; that I last saw h. or alive on Aug 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Infarction
Colon with Metastatic Ca
Tricus. Lung & Cerebral lymph Nodes

Duration Pres.

Due to _____
Due to 46

Other conditions Anemia
(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 Low J. Cotton (M. D. or other M. D.)
Address 3720 W. 11th St. St. Louis Date signed 8-18-45

15.
570
6113

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 4355 Washington B.

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.