V. S. No. 2
50M—5-42
Rev. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18018

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1189

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6400 Etzel Ave.
(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 Dent 3.3
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lucinda Jane Brown

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry H. Brown

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

7. Birth date of deceased March (Month) 4 (Day) 1860 (Year)

8. AGE: Years 86 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James C. Norris
13. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Nelson
15. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Adale Hall
(b) Address 6400 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 6-1-46 (Date received local registrar) (b) E. S. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from May 23rd, 1946 to May 30th, 1946 that I last saw her alive on May 30th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 days
Due to 830	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Clyde E. Kane (M. D. or other) M.D.
Address 706 Walton Date signed 5/31/46

(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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.