

FILED MAY 27 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp # 1
(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 **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5432 Cologne Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Bessie Robertson Brown**
(b) If veteran, name war **No** (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **13**
year **1946** hour **11:00** PM minute **35** P.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **David Brown** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **July 27 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 9 16 hr. _____ min. _____

Immediate cause of death
Generalized Arteriosclerosis

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

Due to _____
Due to **97**

10. Usual occupation **Housework**

Other conditions (include pregnancy within 3 months of death)

11. Industry or business **at Home**

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name **Wm. Skinner**
13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **David Brown**
(b) Address **5432 Cologne Ave**

17. (a) **Burial** (b) Date thereof **5 16 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Missouri Crematory**

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

18. (a) Signature of funeral director **Kriegshauser**
(b) Address **4228 So. Kingshighway**

23. Signature **J. F. Bredeh** (M.D. or other) _____
Address _____ Date signed **5/11/46**

19. (a) **MAY 15 1946** (b) **J. F. Bredeh**
(Date of verbal report) (Registrar's signature)

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

1946

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2/17
9
10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Edwin D Mc Dermott
Licensed Embalmer No. 3024
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.