

S. No. 2  
M-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. **18223** Registrar's No. **4505**

1. PLACE OF DEATH:  
(a) County **St. Louis Missouri**  
(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:  
**St. John's Hospital. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single 0**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **August 10 1931**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**14 9 6** hr. min.

9. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At School**

11. Industry or business  
12. Name **Justus M. Brown**  
13. Birthplace **Crawford County Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Madge Russell**  
15. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Justus M. Brown**  
(b) Address **2738 Caroline Street**

17. (a) **Burial** (b) Date thereof **5/28/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **NEW PICKER**

18. (a) Signature of funeral director **Wm. C. Moydell**  
(b) Address **1926 Allen Av.**

19. (a) **MAY 21 1946** (b) **J. F. Bredeck**  
(Date received local registrar's signature) (Registrar's signature)

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. **2738 Caroline Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**  
year **1946** hour **7.45** minute **A** M.  
21. I hereby certify that I attended the deceased from **Jan 1946** to **May 16 1946**  
that I last saw her alive on **Jan 13 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure** Duration **mos.**  
Due to **Rheumatic heart disease** "  
Due to **Rheumatic fever** "  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **none** **175**  
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) (c) Means of injury.....  
23. Signature **Tabian J. Burke** (M. D. or other) **MD.**  
Address **3115 S Grand** Date signed **5-16-46**

(Licensed Embalmer's Statement on Reverse Side)

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

17402

**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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1924 Allen

**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.**