

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18225

FILED MAY 17 1946
318

State File No. _____

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4176

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St. Louis Robertsville mo
(If outside city or town limits, write "RURAL")
(d) Street No. 212 New York Ave (Robertsville)
(If rural, give location) NR
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Brown

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 Hubert Edwin Brown 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Apr 1910
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Edgard Perkins
13. Birthplace Lebanon mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary South
15. Birthplace Robertsville mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Brown

(b) Address Robertsville mo

17. (a) Burial (b) Date thereof 5-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville mo

18. (a) Signature of funeral director John W. Hembull

(b) Address 408 S. Pelham Ave. St. Louis

19. (a) MAY 8 1946 (b) J. F. Brodeur
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 1 minute 5 A M.

21. I hereby certify that I attended the deceased from 4-25- 1946 to 5-6 1946
that I last saw h. or alive on May 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Manic Depressive Psychosis

Uremia - Non-surgical

Due to _____

Due to 132.2

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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 J. F. Brodeur (M. D. or other) _____

Address 2601 N Whittier Date signed 5/7/46

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

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.