

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

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18327  
Registrar's No. 3986

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Little Sisters of Poor 5

3225 N. Florissant Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs.  
(Specify whether years, months or days)

In this community 5  
years, months or days

3. (a) PRINT FULL NAME Mary Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F./ 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 18th., 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Patrick Brown

{ 13. Birthplace Ireland Ir  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Alicia Unknown

{ 15. Birthplace Ireland Ir  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Hurte

(b) Address 4419 North 19th., St.

17. (a) Burial Cemetery (b) Date thereof 5-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAY 2 1946 (Date recorded by registrar) J. J. Bresnahan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00.

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1945, to May 1st, 1946

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 4 1/2 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Major findings: None

Of operations None

Of autopsy None

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) None

(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)

23. Signature Bernard K. Hotte (M. D. or other) 3-2-46

Address 2302 W. 15th St Date signed 5-2-46

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**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 W H Van Mate

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**