

FILED JUL 1 1946
Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1359

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
7417 Amburst
(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 St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7417 Amburst
(If not in city or town limits, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from
2 June 1946 to 22 June 1946
that I last saw her alive on 21 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic carcinoma
Due to Carcinoma of Cervix
Due to 48-a

Duration
1 yr
16 months

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

Major findings:
Of operations Biopsy of Cervix
- positive for carcinoma
Of autopsy No 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 _____
Signature Leo Sottlieb (M. D. or other) M.D.
Address 607 N Grand Ave Date signed 22 June 46

3. (a) PRINT FULL NAME Ethel Knowles Brown

3. (b) If veteran, name war No 3. (c) Social Security 306-14-5156

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Brown 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 23 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 28 hr. min.

9. Birthplace Belmont Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Knowles

13. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Garrett

15. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ass Gill

(b) Address 7417 Amburst

17. (a) Removal (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd
6-25-46 (c) E. J. McHarran
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

AUG 26 1946

R

MAR 10 1947

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. Godwell*

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.