

No. 2
OM-5-43
ev. 5-17-39
I X36671

FILED JUN 26 1946
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 _____

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

(c) Name of hospital or institution: Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one month
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA BELL SMITH BROWN

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 3. Color or race COLORED

5. Color or race COLORED

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN BROWN (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 25, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Park Hunter, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Brown

(b) Address 2010 Cole St.

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

(c) Place: burial or cremation Jackson, Miss.

18. (a) Signature of funeral director Dement and Son

(b) Address 2629-31 Cole St.

19. (a) JUN 17 1946 (Date local registrar) J. P. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 2010 Cole St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 46 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 7 May 46 to 14 June 46
that I last saw her alive on 14 June 46
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Primary site - Anus

Due to Perianome of fecal matter
Anus & mefistosis

Due to _____

Primary site - Anus

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

Major findings: Cancer of Anus

Of operations _____

Of autopsy None, Paper plug
in c. wound in lymph nodes

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)

Means of injury 0

23. Signature Vernald H. Miller (M. D. or other) _____

Address Barnard Ave. St. Louis Date signed _____

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.