

FILED MAR 11 1947 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2150

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:
5067 EMERSON AV. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YRS.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME BARBARA 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 WIDOWED

6. (b) Name of husband or wife ANTHONY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 15 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

12. Name FRANK BROWN

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

14. Maiden name MARY WHALSMITH

15. Birthplace DES MOINES IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS AGNES BROWN

(b) Address NO 1 LAKE FOREST RICHMOND HEIGHTS MO.

17. (a) BURIAL (b) Date thereof 3-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVERY CEM.

18. (a) Signature of funeral director MEEK + DICKMAN Funl

(b) Address HOME 4355 WASHINGTON AV

19. (a) MAR 3 1947 (b) [Signature]
(Date received local registrar) (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. 5067 EMERSON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 28
year 1947 hour 12 minute 50A. M.

21. I hereby certify that I attended the deceased from Jan. 28, 1947 to Feb. 28, 1947,
that I last saw her alive on Feb. 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to _____

Due to [Signature]

Other conditions [Signature]
(Include pregnancy within 8 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature R.R. Meunon (M. D. or other) MD
Address 5330 Geraldine Date signed 3/1/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *John Ketter*.....

Licensed Embalmer No..... *3880*.....

P. O. Address..... *4355 Washington*.....

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, above space should be left blank.