

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3980

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Mary's Infirmary
(d) Length of stay: In hospital or institution 27 hours
In this community one month

3. (a) PRINT FULL NAME Lizzie Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Unknown 1892

8. AGE: abs 55

9. Birthplace Rives, Tenn.

10. Usual occupation Housewife

11. Industry or business None

12. Name Saul Fowlkes

13. Birthplace Rives, Tenn.

14. Maiden name Easter ?

15. Birthplace Rives, Tenn.

16. (a) Informant Louise Dimer (b) Address 1352 Glasgow av

17. (a) Removal (b) Date thereof 4-17-47

(c) Place: burial or cremation Paducah, Kentucky

18. (a) Signature of funeral director C. J. Dash

(b) Address 3847 Page Paul

19. (a) APR 17 1947 (b) J. F. Bredek

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1352 Glasgow
(e) Citizen of foreign country? No
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 47 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April 5th 1947 to April 13 1947 that I last saw him alive on April 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to

Other conditions

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?

(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 W. J. [unclear] (M. D. or other)

Address 2337 [unclear] Date signed 4-17-47

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.....

Charles Downing King..... Registered Apprentice No. *415*
working under my personal supervision.

Signed..... *C. J. Nash*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Pap. Boul*.....

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.