

FILED JUN 5 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5246**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **SAINT LOUIS;**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
625 SO. SKINKER BLVD.
(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)

3. (a) PRINT FULL NAME **ELLETA BLINDBURY 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 **WIDOW**

6. (b) Name of husband or wife **ROBERT M. BROWN** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JULY 15 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **DETROIT MICHIGAN**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER

12. Name **VOLNEY H. BLINDBURY**

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

14. Maiden name **ELECTA A. POMEROY BROWN**

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

16. (a) Informant **John G. Blindbury**
(b) Address **625 So. Skinker Blvd.**

17. (a) **BURIAL** (b) Date thereof **MAY 27/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELLEFONTAINE CEMETERY**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**
(b) Address **7233 DELMAR BLVD.**

19. (a) **MAY 27 1947** (b) **J. J. Bredek**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI;** (b) County **ST. LOUIS**

(c) City or town **SAINT LOUIS;**
(If outside city or town limits, write "RURAL")

(d) Street No. **625 SO. SKINKER BLVD.**
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **25th**
year **1947** hour **12:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **March 1947** to **May 25 1947**
that I last saw her alive on **May 24 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus**

Due to **Carcinoma of uterus**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of 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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature **C. E. Burford** (M. D. or other) _____
Address **958 Broadway** Date signed **5/25/47**

Dr. C. B. Johnson

Carroll Beeg

CH-7040

10-1

5246

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.