

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 31 1947

3063

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Hours 37 Min.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. Fee Fee Rd 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nancy Jo Browning

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 13 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 hr. 37 min.

9. Birthplace: Clayton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business _____

MOTHER { 12. Name George Browning

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

14. Maiden name Lydia Mathack

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

16. (a) Informant Father

(b) Address 707 Rd Clayton

17. (a) _____ (b) Date thereof 6 12 47
(Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director John Ryan

(b) Address 5800 Olive

19. (a) 6-24-47 (b) Paul R. Thompson MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1947 hour 4 minute 23 P.M.

21. I hereby certify that I attended the deceased from May 13
1947, to May 13, 1947;
that I last saw her alive on May 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Asplenic Sub-arachnoid Hemorrhage

Due to fracture

Due to 159

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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)

23. Signature Paul R. Thompson MD (M. D. or other)

Address 601 Brentwood Blvd Date signed _____

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.

not embalmed

Signed.....

Licensed Embalmer No.....

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.