

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25355**
Registrar's No. **7346**

Registration District No. **318** Primary Registration District No. **1003**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Alma Brown
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Floyd Brown
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 3rd, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 4 1 hr. min.

9. Birthplace La.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Brown
(b) Address 2207 Carr St.

17. (a) Burial (b) Date thereof 8-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) AUG 6 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oav
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Carr St 9
21 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 4
year 1947 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 18, 1947, to Aug. 4, 1947,
that I last saw her alive on Aug. 4, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with Radical Mastectomy and Metastases to Liver Duration Undet.

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

Major findings:
Of operations.....
Of autopsy No
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)
(c) Means of injury.....
23. Signature O. J. Daniels M.D. (M. D. or other) 0
Address 2601 N Whittier Date signed 8/5/47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Lester E. Calkin*

Licensed Embalmer No. *4198*

P. O. Address. *St Louis 13 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.