

S. No. 2
M-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32363**
8846
Registrar's No.

FILED OCT 4 1947

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4052 Cook Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **25 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alzatee P. Brown**
3. (b) If veteran, name war..... **----**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Peter Brown**
6. (c) Age of husband or wife if alive **----** years
7. Birth date of deceased **March 18th 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 0 hr. min.

9. Birthplace **Hinds Co. Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **----**

MOTHER: FATHER {
12. Name **Louis McDonald**
13. Birthplace **Unavailable Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Mallett**
15. Birthplace **Unavailable Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizah A. Stamps**
(b) Address **1113a N. 23d Street**

17. (a) **Burial** (b) Date thereof **9/22/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Charles J. Gates**
(b) Address **4107 Finney Ave.**

19. (a) **SEP 22 1947** (b) **J. F. Brodeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **RUFA**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4052 Cook Avd.** **9**
(If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18th**
year **1947** hour **9:30** minute **A.M.**
21. I hereby certify that I attended the deceased from **25 March 47**
to **18 Sept 47**, 19 to **19**;
that I last saw her alive on **18 Sept**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**
Due to.....
Due to..... **93**
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?

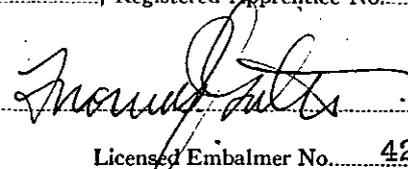
While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature **A. J. [Signature]** (M. D. or other)
Address **4730a Page Blvd.** Date signed.....

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.....

..... Thomas J. Gates, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259

P. O. Address..... 4107 Finney Ave.

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.