

No. 2
-12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32365
State File No. _____
Registrar's No. 9081

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 hrs. 50 min.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2627a Dickson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

4. Sex Fem. 5. Color or race Negro
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 7 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hr. 50 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Daniel Brown
13. Birthplace Mt. Pleasant Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Dorthella Jenkins
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant May Duwall Jett
(b) Address 2601 N. Whittier
Anatomical Board

17. (a) _____ (b) Date thereof 9-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Roster
(b) Address 3520 Rutledge

19. (a) SEP 30 1947 (b) J. F. Breaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 7
year 1947 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from 11:00 A.M.
9-7- 19 47 to 12:50 P.M. 19 47
that I last saw her alive on 9-7- 19 47
and that death occurred on the date and hour stated above.
Immediate cause of death: Prematurity Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. D. Sinker (M. D. or other) _____
Address 2601 N. Whittier 9-10-47
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 Nô.....
working under my personal supervision.

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.