. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36552

FILED OCT 29 1947

Registration District No. 1947

Primary Registration District No. 2002

Registrar's No. 2236

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7260 Forsythe 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 75 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7260 Forsythe Blvd. 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Alice Brown

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex / F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Michael R. Brown

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

7. Birth date of deceased Dec. 2nd., 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	21	..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name John Farrell
13. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Farrell
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Berenice Brown
(b) Address 7260 Forsythe Blvd.

17. (a) Burial (b) Date thereof 10-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 10-24-47 (b) [signature] M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd.,
year 1947 hour 7 minute 40 p.m.

21. I hereby certify that I attended the deceased from October 16, 1947, to October 23, 1947
that I last saw her alive on Oct 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	10/16/47+
Due to: Generalized Arteriosclerosis	10/16/47+
Due to: Senility	
Other conditions: Carcinoma Rectum - (Include pregnancy within 3 months of death)	10/16/47+

Major findings: Of operations: Polyp & Ca Sigmoidum Rectum

Of autopsy .....

PHYSICIAN — Underline the cause of 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 Walter L. Moore (M. D. or other) M.D.

Address 6376 Clayton Date signed 10/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.