No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42884

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11562

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

1. PLACE OF DEATH:

(a) County

(b) City or town 2t Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2t Mary Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 3 Mos. 17 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3523 Rutger St. 9
(If rural, give location)

18 0

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

If yes, name country

3. (a) PRINT FULL NAME KAREN J. 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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 31 (Day) 1947 (Year)

8. AGE: Years | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace 2t Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Jesse Brown
13. Birthplace Hallie (City, town, or county) Ark (State or foreign country) 1

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

16. (a) Informant Ruby I Brown
(b) Address 3523 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director Hans & Broom
(b) Address 1405 Biddle St.

19. (a) DEC 19 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1947 hour 4 minute 58 P. M.

21. I hereby certify that I attended the deceased from December 15th 1947 to Dec. 17 1947
that I last saw her alive on Dec. 17th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary congestion	1 mo
Due to: Patent ductus arteriosus	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) 0

While at work? (e) Means of injury

23. Signature Edwin A. Lee (M. D. or other) MD.

Address 1536 Papin St Date signed 12/18/47

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.