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
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43782

Registration District No. 21 — Primary Registration District No. 6076 — Registrar's No. 2740

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. 21 days (Specify whether years, months or days)
In this community: 1 month - 21 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.: 4211 W Page, ~~Stxxx~~ 9 (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: BROWN, Velma M.
3. (b) If veteran, name war: WW-2
3. (c) Social Security No.: Unknown
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: June (Month) 22 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
38	6	4	hr. min.

9. Birthplace: Sandoval, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: School Nurse
11. Industry or business:
FATHER
12. Name: George Brown
13. Birthplace: West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucille Pendergrast
15. Birthplace: Breese, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Peters Cem
18. (a) Signature of funeral director: Roberts Underteking Co.
(b) Address: 1416 No. Taylor, St. Louis, Mo.
19. (a) 1-2-48 (Date received local registrar) (b) Cecil C. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 26 year 1947 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from November 5, 1947, to December 26, 1947 that I last saw her alive on December 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF BREAST WITH METASTASIS TO LIVER	Duration: Unknown
Due to: -	
Due to: -	
Other conditions: - (Include pregnancy within 3 months of death)	
Major findings: Of operations: No Autopsy performed	
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): None
(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: 0
23. Signature: L. E. Stilwell (M. D. ~~xxxxx~~)
Address: Jefferson Barracks, Mo. Date signed 12/29/47

mm Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 13 1946

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.....Annie Roberts

Licensed Embalmer No.....4439

P. O. Address.....1416 N. Taylor 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.