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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13909

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4292

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4023 West Pine 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ous
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4023 West Pine Blvd. 9
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 19
If yes, name country

3. (a) PRINT FULL NAME Elizabeth P. Brown

3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur A. Brown
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 15, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Thaddus P. Smith,
13. Birthplace Mobile (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Rosalie Ida Balmer,
15. Birthplace Saint Louis (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Arthur A. Brown,
(b) Address 4023 West Pine Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Craig Mortuary,
(b) Address 4468 Washington -8-

19. (a) MAY 7 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~April~~ May day 6
year 1948 hour 11 am minute 30 A.M.

21. I hereby certify that I attended the deceased from May 6th, 1948, to May 6th, 1948
that I last saw her alive on May 6th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations
Of autopsy

Duration

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (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? X (e) Means of injury X

23. Signature Scott E. Parsons (M. D. or other)
Address 53 Aberdeen Pl Sth Date signed May 7th

53 Aberdeen

(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 Philip M. Lessig

Licensed Embalmer No. 3281

P. O. Address St. Louis

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.