

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Georgia Brown
3. (b) If veteran, name war _____
3. (c) Social Security No. 488-30-4808
4. Sex Female 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife E. Brown 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 1 (Month) 13 (Day) 1903 (Year)

8. AGE: Years 45 Months 3 Days 6
If less than one day hr. _____ min. _____

9. Birthplace Cosbyville MISS
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patron Johnson

13. Birthplace MISS
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace MISS
(City, town, or county) (State or foreign country)

16. (a) Informant E. Brown

(b) Address 2220 Dickson

17. (a) burial (b) Date thereof 4 24 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Howard Funeral Home

(b) Address 2834 Gagnon Dr

19. (a) APR 21 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County cos
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 Dickson
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1948 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from
April 14, 1948 to April 19, 1948
that I last saw her alive on April 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Osborn J. Daniels (M. D. or other) _____

Address 2601 N Whittier Date signed 4/20/48

MOTHER FATHER

PHYSICIAN

Underline the cause to which death is attributed statistically.

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. Howells

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.