

FILED NOV 19 1948 **318**
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (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 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Brown
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, Wid
 6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 25
(Month) (Day) (Year)

8. AGE: abt-74 Years Months Days If less than one day
 hr. min.

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

10. Usual occupation Not employed

11. Industry or business
 { **12. Name** Eli Brown
 { **13. Birthplace** Tenn.
(City, town, or county) (State or foreign country)
 { **14. Maiden name** _____
 { **15. Birthplace** union
(City, town, or county) (State or foreign country)

16. (a) Informant Merley Jones
(b) Address 3316 Lucas
17. (a) Burial **(b) Date thereof** 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Price + Walker
(b) Address 2829 Washington Blvd
19. (a) NOV 8 1948 **(b)** J. B. Kasater
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3226 Pine St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
 year 1948 hour 4 minute 16 p.m.

21. I hereby certify that I attended the deceased from Oct. 28 19 48 Nov. 4 19 48
 that I last saw h. er alive on Nov. 4 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Decompensation; Generalized Arteriosclerosis
 Duration Undet.
 Due to _____
 Due to _____
 Other conditions None
(Include pregnancy within 5 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy No
 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) _____
 (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)
 (c) Means of injury _____
23. Signature Oscar Daniels (M. D. or other) _____
 Address 2601 N Whittier Date signed 11/5/48

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.....

James H. ...

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

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.