S. No. 300
M—10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 1018

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37917

Registrar's No. 10556

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: 4705 Kensington Ave. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4705 Kensington Ave. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 12

If yes, name country

3. (a) PRINT FULL NAME May Dee Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 14 (Day) 1891 (Year)

8. AGE: Years 57 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Mexia (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation domestic

11. Industry or business

FATHER
12. Name ? Stubbs
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name May Dee Stubbs
15. Birthplace Mexia (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant James E Brown
(b) Address 4705 a Kensington Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mexia, Texas

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) DEC 6 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 10-29-48
, 19 , to 12-4 , 1948
that I last saw her alive on 12/4 , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Rectal Stricture (Benign) Peritonitis — Duration undeter 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature William H. Sinkler (M. D. or other) MD

Address 4503 Page Date signed 12/4/48

(Licensed Embalmer's Statement on Reverse Side)

10556

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 Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St Louis Mo

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.