

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37918
Registrar's No. 10453

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital, D
(d) Length of stay: In hospital or institution 8 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4336 Laclade
(e) Citizen of foreign country? No
If yes, name country

3: (a) PRINT FULL NAME Ruth W Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female, Color or race WHITE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEO R. BROWN
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased JUNE 9 1926

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 30, year 1948, hour seven, minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov. 22, 1948, to Nov. 30, 1948
that I last saw her alive on Nov. 30, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral edema
Duration 24 hrs.

8. AGE: Years 22, Months 5, Days 21, If less than one day hr. min.

Due to Ruptured intra-cranial aneurysm
Due to
Other conditions 96
Major findings: Of operations
Of autopsy As above
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Mo.
10. Usual occupation CIVIL SERVICE
11. Industry or business ARMY RECORD CENTER
12. Name MILES R. JOHNSON
13. Birthplace Mo.
14. Maiden name SYLVIA SNOW
15. Birthplace Mo.
16. (a) Informant Leo R. Brown
(b) Address 4336 Laclade Ave.
17. (a) REMOVAL (b) Date thereof 12/2/48
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director L. Mullen Undr
(b) Address 5165 Delmar, Bk.
19. (a) DEC 2 1948 (b) J. B. Lavater

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature FR Bradley (M. D. or other)
Address Barnes Hospital Date signed 12/14/48

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

JAN 14 1949

JAN 21 1950

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed

J. Allen Davis Jr.

..... Licensed Embalmer No. *4050*.....

..... 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.