

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41226
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No. Registered No. **10918**
 (c) City **St. Louis** (d) Street No. **3944a North 21st Street** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Hulda A. Brown**

(a) Residence, No. **3944a North 21st Street** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William W. Brown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 17, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo. D**

13. NAME **Conrad Mueller**

14. BIRTHPLACE (CITY OR TOWN) **Switzerland**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) **Switzerland**
 (STATE OR COUNTRY)

17. INFORMANT **Albert A. Brown**
 (ADDRESS) **3944a North 21st Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **DeSoto, Mo.** DATE **Dec. 21, 1938**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son**
 (ADDRESS) **2161 East Fair Avenue**

20. FILED **DEC 20 1938** **J. D. Buckner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **10-10**, 1938, to **12-18**, 1938
 I last saw her alive on **12-18-38**, 19... Death is said to have occurred on the date stated above, at **3:08 A. M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Other contributory causes of importance:
Cardio-vascular renal disease

Name of operation Date of
 What test confirmed diagnosis? **Cuprum** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **Hermann** M. D.
 (Address) **5074 Union Blvd**

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.....

Leonard Hampton

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair Ave.*

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, above space should be left blank.