

REC'D OCT 14 1939  
Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County: **1**  
(b) City or town: **St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Deaconess Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Wks.**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **MARY LOUISE KOLBURN. 1116**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex: **Female**  
5. Color or race: **White**  
6. (a) Single, widowed, married, divorced: **married**  
6. (b) Name of husband or wife: **Harry J. Kolburn.**  
6. (c) Age of husband or wife if alive: **43** years  
7. Birth date of deceased: **Feb. 10 1895**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **9** Days **2**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **At home** **13**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name: **W.T. Brawner.**  
13. Birthplace: **Louisiana, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name: **Sarah Elizabeth Hill**  
15. Birthplace: **Bourbon, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **Harry Kolburn**  
(b) Address: **7629 Wydown,**

17. (a) **burial** (b) Date thereof: **9/15/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **Mt. Olive Cemetery**

18. (a) Signature of funeral director: **C.R. Lupton & Sons.**  
(b) Address: **7233 Delmar, Blvd.**

19. (a) **SEP 19 1939** (b) **J. F. Brudick**  
(Date received local report) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Missouri** (b) County: **St. Louis,**  
(c) City or town: **Clayton** **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **7629 Wydown,**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12th**  
year **1939** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 7**, 1939, to **Sept 12**, 1939,  
and that death occurred on the date and hour stated above.  
that I last saw her alive on **Sept 12**, 1939

Immediate cause of death: **Cerebrum 3 years 1 year cell type Primary site cervix**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: **48**  
(Include pregnancy within 3 months of death)

Major findings: **Cerebrum 3 years 1 year Vaginal-Bladder, 7 Blood Stain**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature: **Harry Kolburn** (M. D. or other) \_\_\_\_\_  
Address: **812 Olive St** Date signed: **9/12/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1931

12-1 + 3-5  
812 Olive  
C# 9261

**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

Don Marchant, Registered Apprentice No. 219  
working under my personal supervision.

Signed Bradford C. Miles

Licensed Embalmer No. 2901

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, above space should be left blank.**