

791

Registration District No. **2000**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1416 Aubert Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Years
In this community 28 Years
(Specify whether years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay Co.
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Aubert Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lucy Preston Brown

8. (b) If veteran, name war -- 8. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harold Brown 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 19, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	4	27	hr. min.

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

10. Usual occupation At home

11. Industry or business --

12. Name Levi Preston

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lucy Preston Brown

(b) Address 1416 Aubert Avenue

17. (a) Cremation (b) Date thereof Oct. 16, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Craig Undertaking Co.

(b) Address 4468 Washington Blvd.

19. (a) OCT 16 1939 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1939 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1939
1939 to October 13 1939;
that I last saw her alive on October 13 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarct

Due to [Signature]

Due to [Signature]

Other conditions chronic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy myocardial infarct
mitral stenosis

Duration 1 day

many years

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?
no

While at work? _____ (Specify type of place)
() Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 10-16-39

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.

FORM 1 X19311

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.....
Philip McHenry

Licensed Embalmer No..... 3281.....

P. O. Address..... 4468 Washington Blvd.....

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.

Philip McHenry