No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4850

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1680

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2721 Walnut Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town St. Louis, Mo. 22
(If outside city or town limits write "RURAL")
(d) Street No. 2721 Walnut Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 650 Katie Brown
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Brown
6. (c) Age of husband or wife if alive Yes years
7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 43			hr. min.

9. Birthplace Jackson Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Jeff Robinson
FATHER
12. Name Jackson Miss
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katie Griffin
15. Birthplace Jackson, Miss (City, town, or county) (State or foreign country)
16. (a) Informant Frank Brown
(b) Address 2721 Walnut Sgreet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.
19. (a) FEB 19 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1940 hour 2 minute 15 A M.
21. I hereby certify that I attended the deceased from Feb 13th, 1940 to Feb 15th, 1940
that I last saw her alive on Feb - 15th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	6 days
Due to acute Bronchitis	10 days
Due to	
Other conditions Bronchitis (Include pregnancy within 3 months of death)	10 days

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature T. J. Jones (M. D. or other)
Address 2330 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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.