

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8684

Registrar's No. 2167

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

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G Phillips  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
Unknown (Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Elijah Brown

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased September 10, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 4 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unk Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unk

12. Name Jessie Brown

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Betty ? Mississippi

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A. Spotts

(b) Address 2601 N Whittier, HGM Phillips

17. (a) \_\_\_\_\_ (b) Date thereof 2-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Ridger

19. (a) MAR 4 1940 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 18  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3533 Bernard  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29  
 year 1940 hour 6:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from January 17, 1940, to January 29, 1940;  
 that I last saw him im alive on January 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic Heart Disease 3-4 yrs  
Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
 Address 2601 N Whittier Date signed \_\_\_\_\_

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

MOTHER FATHER

2/5/40

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**