V. S. No. 2
50M—11-10-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9506

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2989

556

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

1. PLACE OF DEATH:

(a) County

(b) City or town 2336.A. Carr, Street,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether
In this community 29, years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St Louis, 21
(If outside city or town limits write "RURAL")

(d) Street No. 2336.A.Carr, Street,
(If rural, give location)

(e) ~~If foreign born, how long in U.S.A.~~ 54, yrs. U.S.A. years

3. (a) PRINT FULL NAME Katie Brown,

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Brown

6. (c) Age of husband or wife if alive 55, years

7. Birth date of deceased Mar (Month) 4th, (Day) 1886. (Year)

8. AGE:

Years	Months	Days	If less than one day
54	XXX	22	hr. min.

9. Birthplace Oakland, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House-wife,

11. Industry or business Domestic,

FATHER
12. Name Jack Cody,
13. Birthplace Macon, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Dont Know,
15. Birthplace Dont Know, (City, town, or county) (State or foreign country)

16. (a) Informant X Jacob Brown
(b) Address 2336.A.Carr, Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812, Thomas, St.

19. (a) MAR 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26th year 1940. hour 7:00. minute P.P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Chronic Adhesive	
Due to Pericarditis	
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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Joseph M. Lynn (M. D. or other)
Address Deputy Coroner Date signed 3-30-40

(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 .....

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas, St.

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.