

AUG 25 1940
Registration District No. _____

Primary Registration District No. 1003

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: 513 1/2 S. Ewing 2
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 2 1/2

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. 513 1/2 S Ewing
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 40 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 13 to July 17, 1940, that I last saw her alive on July 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of uterus

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Walpey (M. D. or other) _____
Address 2316 E. 10th Date signed 7/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8. (a) PRINT FULL NAME CHRISTINE Mc Brown

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife John Mc Brown 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 15, 1899 (Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Clarksdale Miss (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Simon Mitchell

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

14. Maiden name Betha Taylor

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

16. (a) Informant Harrison Mc Brown

(b) Address 513 1/2 S. Ewing

17. (a) burial (b) Date thereof July 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Locust Ave

19. (a) JUL 23 1940 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

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 _____

Louis V. Atkin

Licensed Embalmer No. _____

2842

P. O. Address _____

3644 Finney

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.