DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30334

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7611

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-2-40 to 9-8-40 (Specify whether)
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State St. Louis Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4265 Russell (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lyda Marie Brown
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January (Month) 22 (Day), 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
53	7	16	hr. min.

9. Birthplace Adrian (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Charles Bird
13. Birthplace Adrian (City, town, or county) Michigan (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature George E. Brown
(b) Address 4265a Russell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) SEP 11 1940 (Date received local registrar) (b) J. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1940 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from 9-2-40, 19, to 9-8-40, 19; that I last saw her alive on 9-8-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	
Due to Peritonitis	
Due to Cirrhosis of Liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cirrhosis of Liver with ascites

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 F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 9/9/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Florence Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.