

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 33819  
8516  
Registrar's No.Registration District No. 791Primary Registration District No. 1003

## PLACE OF DEATH:

- (a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Days  
(Specify whether  
In this community, years, months or days)

3. (a) PRINT FULL NAME Elizabeth Browning

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred. Browning 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 25, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 18 hr. min.

9. Birthplace Alton Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Smith13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Fred. Browning(b) Address 2025a So. 2nd. Street17. (a) Cremation (b) Date thereof Oct. 16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri Crematory18. (a) Signature of funeral director Weick Bros.(b) Address 2201 So. Grand Blvd.19. (a) OCT 15 1940 (b) [Signature]  
(Date received and registered) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2025a So. 2nd. Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,  
year 1940 hour 8:00 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from September 18,  
19 40, to October 13, 19 40,  
that I last saw her alive on October 13, 19 40,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary Embolism 1 hourDue to Post operative 1diaphragmatic hernia 7 years

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations [Signature]Of autopsy [Signature]

## 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? \_\_\_\_\_

(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 [Signature] (M. D. or other) \_\_\_\_\_Address 1515 Lafayette Ave. Date signed 10/14/40

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*George C. Francis*

Licensed Embalmer No. 2268

P. O. Address. 2201 So. Grand Blvd

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

**If this body is not embalmed, fact should be so stated above.**