

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **34262**
Registrar's No. **8959**

Primary Registration District No. **791**

1. PLACE OF DEATH:

(a) County _____
(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 **9 Days**
In this community **40 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jane Brown**

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 **widowed**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **13** years

7. Birth date of deceased **Jan 13 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **16** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **house work**

11. Industry or business **at home**

12. Name **Frank Smith**

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

14. Maiden name **unknown**

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

16. (a) Informant **Evelyn Jones**

(b) Address **Afton, Mo.**

17. (a) **burial** (b) Date thereof **11/1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **OCT 31 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **203a W. Stein**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**,
year **1940** hour **9:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 21**, 19 **40**, to **October 29**, 19 **40**
that I last saw her alive on **October 29**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Probable myocardial failure (Chr. myocarditis)**
Due to **Left Branch Bundle Block (Heart Block)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**
PHYSICIAN **[Signature]**
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) (e) Means of injury **[Signature]**

23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **1515 Lafayette Ave.** Date signed **10/29/40**

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.....

Oliver E. Emalmer

Licensed Embalmer No.....

4448

P. O. Address.....

St. Louis, Mo.

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.