

791

1003

Registration District No. _____ Primary Registration District No. _____

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

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: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
(Specify whether in this community **10 yrs** years, months or days)

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. **1326 Hadley**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**
year **1940** hour **8:20** minute _____ P.M.

21. I hereby certify that I attended the deceased from **November 29, 1940**, to **December 16, 1940**,
that I last saw him alive on **December 16, 1940**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** **7-8mos**
Duration

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 **B. Allen** (M. D. or other) _____

Address **2601 N. Whittier** Date signed _____

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

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

4. Sex **MALE** 5. Color or race **Negro** 6. (a) Single, widowed, married divorced **Married**

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

7. Birth date of deceased (Month) **12** (Day) **16** (Year) **1900**

8. AGE: Years **40** Months **-** Days **-** If less than one day hr. **5** min.

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

10. Usual occupation **Common Laborer**

11. Industry or business _____

12. Name **Ben. Brown**

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

14. Maiden name **ATIS**

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

16. (a) Informant **Jessie May Brown**

(b) Address **1320 N. Biddle**

17. (a) **Burial** (b) Date thereof **12-21-40** (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **David Thomas**

(b) Address **2734 Sheridan Ave**

19. (a) **DEC 21 1940** (b) **J. T. Bruck** (Date received from Registrar) (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

C. L. Howell

Licensed Embalmer No.

2452

P. O. Address

2820 Dickson

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, fact should be so stated above.