

To. 2
-13-40
17-39
X23159

FEB 25 1941
Registration District No. _____

1003
Primary Registration District No. _____

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: **Jewish Hospital.**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **6 Days.**
In this community **41 Years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5327 Pershing Ave.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17th.**
year **1941** hour **3.** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 11, 1941**
to **Jan. 17, 1941**
that I last saw **her** alive on **Jan. 17, 1941**
and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral Hemorrhage** **6 days**

Due to **Atherosclerosis**
Hypertension

Due to _____
Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Cerebral Hemorrhage**

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Cora E. Brown.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Baxter L. Brown.** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **September 7, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	10	hr. _____ min.

9. Birthplace **Wheeling, West Virginia.** / /
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business _____

12. Name **William Cowgill.**

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

14. Maiden name **Dorcas Brown.**
Pa. /
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Baxter L. Brown.**

(b) Address **5327 Pershing Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd. S.**

19. (a) **JAN 19 1941** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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) (Country) (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. J. Glasscock M.D.**
Address **3903 Olive St.** Date signed **1/18/41**

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

MOTHER FATHER

1-334
P
MAY 1944

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rudell

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.