

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12689
3119

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
 (c) Name of hospital or institution: Peoples Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos.
 (Specify whether years, months or days) 2 mos.

3. (a) PRINT FULL NAME Gladys M. Brown.

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Brown 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 30 1898
 (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Holly Springs Miss.
 (City, town or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business At Home

12. Name John F. Pinson

13. Birthplace Atlanta Ga.
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Harper
 15. Birthplace Holly Springs Miss.
 (City, town or county) (State or foreign country)

16. (a) Informant's own signature Robert Brown

(b) Address Venue Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 9, 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation Rural - Small

18. (a) Signature of funeral director J. H. Marshall
 (b) Address 2205 Madison Ave. Chicago Ill

19. (a) ADD - 0 1041 (b) J. H. Marshall
 (Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison
 (c) City or town Venue Ill
 (If outside city or town limits, write "RURAL")
 (d) Street No. 301 Weaver
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
 year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 31, 1941, 19 , to April 8, 1941, 19 ;
 that I last saw h. or alive on April 8, 1941, 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 Mo.

Due to Hypertension 1 10 Mos.

Due to Nephritis 1 Yr/

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 _____
 Signature W. E. Kelly (M. D. or other) M. D.
 Address Lovejoy, Illinois Date signed 8, 1941

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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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, above space should be left blank.