

S. No. 2
A-4-13-40
v. 5-17-39
I X23159

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13021

Registration District No. 791

Primary Registration District No.

Registrar's No. 3451

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:
4455 Grace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17 K

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4455 Grace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ada E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1941 hour 4.30 minute P. M.

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

21. I hereby certify that I attended the deceased from 3-10-41 to 4/21/41
that I last saw him _____ alive on _____, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Fred A. Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 20 1857
(Month) (Day) (Year)

Immediate cause of death Coronary Failure Duration 4 weeks

8. AGE: Years Months Days If less than one day
83 5 1 _____ hr. _____ min.

Due to Chronic Myocarditis

Due to _____

9. Birthplace Orion Michigan
(City, town, or county) (State or foreign country)

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Beardslee

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Susan Sutton

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations gsc 170

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carl W. Brown
(b) Address 4455 Grace Ave.

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? _____

17. (a) Burial (b) Date thereof 4/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarkston, Michigan.

Where at work? _____ (Specify type of place)
(a) Means of injury _____

18. (a) Signature of funeral director Helena Marie Lind
(b) Address 3013 Meramec

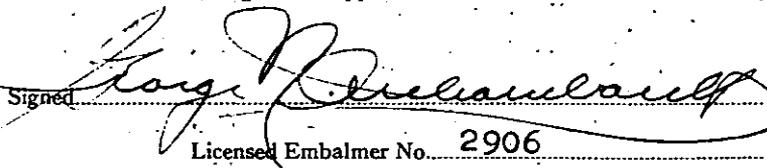
19. (a) APR 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address 3013 Meramec Date signed 4/22/41

3958 Dr. Ramee
1763

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.....
George N. Archambault....., Registered Apprentice No. **XXXX**
working under my personal supervision.

Signed 
Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.