

No. 2
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FILED JUN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17036

791

State File No. _____

4554

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County 2120 1/2 OFallon St.
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Mae Frances Brown
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.
 6. (a) Single, widowed, married, divorced None
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 15 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER {
 12. Name Dan Brown
 13. Birthplace Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Myra Bird
 15. Birthplace Alb.
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Dan Brown
 (b) Address 2120 1/2 OFallon

17. (a) Burial (b) Date thereof May 31, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2620-31 Cole St.

19. (a) MAY 31 1941 (b) J. N. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2120 1/2 Ofallon St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28, day May
 year 1941 hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from May 15
 1941 to May 28 1941
 that I last saw her alive on May 28 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia
primary

Due to _____
 Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: 107
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

23. Signature J. N. Bredbeck (M. D. or other) 1
 Address 2742 N. Franklin Date signed _____

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

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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.....

Licensed Embalmer No. 2963

P. O. Address 2915 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, fact should be so stated above.