

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
KILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32986

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7938

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: HOMER PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs.
In this community 63 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST LOUIS 21 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 N. COMPTON AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maggie Brown.
(b) If veteran, name war No
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 30
year 1941 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from Sept 26 1941 to Sept 30 1941
that I last saw her alive on Sept 29 1941
and that death occurred on the date and hour stated above.

4. FEMALE 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: 11 8 1876
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis
Due to Coronary Sclerosis
Due to _____

8. AGE: Years 64 Months 11 Days 22 If less than one day _____ hr. _____ min.
9. Birthplace CLARKSVILLE Tenn.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSEWORK
11. Industry or business _____
12. Name UNAVAILABLE
13. Birthplace " " _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name " " _____ 9
15. Birthplace " " _____ 9
(City, town, or county) (State or foreign country)
16. (a) Informant Leonard Brown
(b) Address 1120 N. Compton Ave.
17. (a) BURIAL (b) Date thereof 10-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

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 W.A. Mueller (M. D. or other) _____
Address 2735 Franklin Date signed 10-2-41

18. (a) Signature of funeral director Bernie Love
(b) Address 3103 Washington
19. (a) OCT 4 1941 (b) J. B. Bickel
(Date received local 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..... *Malcolm Blackburn*

Licensed Embalmer No. *3962*

P. O. Address.....

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.