

FILED Mar 24 1942 91

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3326 N. Union Blvd
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Lucille Betty Brown

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 55 hr. min.

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

10. Usual occupation Beauty Shop Operator

11. Industry or business Beauty Shop

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
 (b) Address City Hospital #1

17. (a) Burial (b) Date thereof March 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Reetz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) MAR 2 1942 (b) J. F. Reetz
(Date received by local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25,
 year 1942 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from February 23, 1942 to February 25, 1942
 that I last saw h. or alive on February 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Uremia
 Due to Hypertension
 Due to Carcinoma of Cervix
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy above

Duration
 PHYSICIAN
 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)
 (c) Means of injury 0
 23. Signature W. D. Hawker (M. D. or other)
 Address 1515 Lafayette Avenue, Date issued 3/25/42

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

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.....

Frank DeBueno

Licensed Embalmer No. 2245

P. O. Address. St Louis Mo

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.