

Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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) 0
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 1022a So. Compton (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Cornelius Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Phoebe Brown 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 2 16 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Expressman (for self)

11. Industry or business _____

12. Name Issac Brown

13. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

14. Maiden name Jeannette Green

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Brown

(b) Address 1022a So. Compton

17. (a) Burial (b) Date thereof 3/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) MAP (b) J. F. Beedeck
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24,
year 1942 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from March
8, 1942 to March 24, 1942
that I last saw him alive on March 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of stomach Duration 10 years

Due to _____

Due to _____

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.

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. W. Johnson (M. D. or other)

Address 2701 N. Whittier Date signed 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.....

Jell Russell

Licensed Embalmer No.....

4112

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.