

FILED JUN 2 1942 791

Registration District No. Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **Homer Phillips Hospital**
(d) Length of stay: In hospital or institution **11 days**
In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **1021 N. 13th St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Theilma Brown**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced. **MARRIED**

6. (b) Name of husband or wife **ORBIA BROWN** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **1/22/1902**

8. AGE: Years **40** Months **3** Days **25** If less than one day

9. Birthplace **Decatur Ala.**

10. Usual occupation **House work**

11. Industry or business

12. Name **Terry Massey**
13. Birthplace **Ala.**
14. Maiden name **N.A.**
15. Birthplace **Ala.**

16. (a) Informant **Orbia Brown**
(b) Address **1021 N 13th St**

17. (a) **BURIAL** (b) Date thereof **5-23-42**
(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Mary Wade**
(b) Address **4202 Finley ave**

19. (a) **MAY 23 1942** (b) **J. F. Brudick**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**, year **1942** hour **8** minute **15** A. M.

21. I hereby certify that I attended the deceased from **May 6**, 19**42** to **May 17**, 19**42**; that I last saw him **alive** on **May 17**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **11 days**

Due to **Stroke**
Due to **Stroke**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. PHYSICIAN

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?
(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
23. Signature **J. E. ...** (M. D. or other) **D**
Address **266 ...** Date signed **5/18/42**

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: 2698
P. O. Address 2769 Chouteau

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.