

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18928

State File No.

Registrar's No. 1256

FILED JUN 15 1942

Registration District No. 781

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Huntleigh Village, Kirkwood R. D. #5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. Huntleigh Village, Kirkwood R.D. #5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME SADIE G BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 3.00 minute a. M.

21. I hereby certify that I attended the deceased from July 1936
1936 to June 5, 1942;
that I last saw her alive on June 3, 1942;
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Chas. S. Brown

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased: Jan 31 1854
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral Arteriosclerosis
(Stroke last Decmbr)

Due to General Arteriosclerosis

Due to.....

Other conditions Arterial Hypertension
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

88 4 5 hr. min.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation none

11. Industry or business At home

MOTHER FATHER

12. Name Joseph Warren

13. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Sykes

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Alexander W. Brown

(b) Address Kirkwood, R.D. #5, Missouri

17. (a) Burial (b) Date thereof 16 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander W. Brown

(b) Address 6175 Delmar Blvd.

19. (a) JUN 6 - 1942 (b) e. J. McKerron
(Date received local registrar) (Registrar's signature)

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 Hiram L. Lygett (M. D. or other) MD

Address 3720 Washington Blvd Date signed 6/5/42

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

6
4
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Dr. H. S. Lisset - Je 1551
3720 Washington, 1951

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

Geo. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.