

STANDARD CERTIFICATE OF DEATH

22644

State File No.

Registrar's No.

6706

Registration District No.

791

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (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:  
Died at Home, 5237 Maffitt Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME BELL 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 Married

6. (b) Name of husband or wife John Y. Brown  
 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12/12/1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 7 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Mc Carthy

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

14. Maiden name Don't know

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

16. (a) Informant John Y. Brown

(b) Address 5237 Maffitt Ave.

17. (a) Burial (b) Date thereof 8-10-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 No. Euclid Ave.

19. (a) AUG 9 1942 (b) J. J. Medved  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5237 Maffitt Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7  
 year 1942 hour 6 minute 15 PM.

21. I hereby certify that I attended the deceased from September 5 to August 7, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day  
 Due to Angina pectoris 4 years  
 Due to Arterio-sclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death) 9/4 to 9/4

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN J. J. Medved  
 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. J. Medved (M. D. or )  
 Address 2867 1/2 Union Blvd Date signed 8/8/42

Dr. James M. Brown  
2867 a Union Blvd.

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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 *Albert Mayfield*  
Licensed Embalmer No. *3077*  
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.**