

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22647
State File No. 6358

FILED AUG 6 1942-791

Registration District No. Primary Registration District No. 1003 Registrar's No.

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 4 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 25 17
(d) Street No. 712 Carr 3rd Floor (r)
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Ella Brown
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25, year 1942 hour July minute 30 A. M.

4. Sex Female 3 race Col. 5. Color or 6. (a) Single, widowed, married. 2 divorced. Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. alt 1871

21. I hereby certify that I attended the deceased from 21, 1942 to July 25, 1942; that I last saw him alive on July 25, 1942; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
abt. 71 hr. min.

Immediate cause of death. Hypertensive Heart Disease Unk.
Due to 93 10 2
Due to 75
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Montgomery City Mo.
10. Usual occupation Housework

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business Housework
12. Name Unknown
13. Birthplace Unknown Mo.
14. Maiden name Unknown
15. Birthplace Unknown Mo.

16. (a) Informant Roy Watson
(b) Address 2434 Dickson St.
17. (a) Burial (b) Date thereof 8-1-42
(c) Place: burial or cremation Washington Park

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?

18. (a) Signature of funeral director Mr. Dawell
(b) Address 1211 N. Taylor Ave.
19. (a) Jul 28 1942 (b) Registrar's signature J. F. Bredack

23. Signature S. E. Smith (M. D. or other)
Address 3601 W. Hatter Date signed 7/27/42

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

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.