S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed AUG 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

100

State File No. 22649

Registration District No. 791 Primary Registration District No. 100. Registrar's No. 6279

1. PLACE OF DEATH:

(a) County
(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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 117
(If outside city or town limits, write "RURAL")
(d) Street No. 4171 W. Belle
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Brown

3. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 14 (Day) 1928 (Year)

8. AGE: Years 13 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Will Brown
13. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Stella Brown
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Stella Brown
(b) Address 4171 West Bell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 (Month) 42 (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) JUL 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21, year 1942 hour 9 minute 22 A.M.

21. I hereby certify that I attended the deceased from July 14, 1942, to July 21, 1942 that I last saw her alive on July 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease — Duration: Unknown

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? (Specify type of place)
While at work (e) Means of injury

23. Signature Sidney E. Smith (M. D. or other)
Address 2601 W Pretier Date signed 7/22/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.