. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

000
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG. 20 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25704

Registrar's No. 6755

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Luthern Convalescent Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 months (Specify whether

In this community 40 yearss years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 6 2 (If outside city or town limits, write "RURAL")

(d) Street No. 6216 Wanda (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grace J. 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 Lloyd

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September (Month) 26 (Day) 1889 (Year)

8. AGE: Years 52 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Crow
13. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Clyster Whitaker
15. Birthplace Washington (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Lloyd Brown

(b) Address 6216 Wanda

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldorte U & L Co

(b) Address 3634 Gravois Ave.

19. (a) AUG 11 1942 (Date received local registrar) J. F. Biedeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1942 hour 5:20 minute a. M.

21. I hereby certify that I attended the deceased from 1934, 19 , to Aug. 10, 1942, that I last saw her alive on Aug. 2, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	minutes
Due to Hypertension	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) 85	

Major findings:
Of operations
Of autopsy none

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 0

23. Signature Fabian J. Smith (M. D. or other) M.D.

Address 3115 S. Grand Date signed 8-10-42

MAR 2 1953

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address Des Moines

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.