V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31786

FILED NOV 6 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8978

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community About 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Tennessee (b) County 40
(c) City or town Only, Louis, (If outside city or town limits, write "RURAL") N.R.
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Rhoda Betty Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 11, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Redden Murphee
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Toland
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. W. Pruett
(b) Address 459 Dover Place Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Railroad, Waverly, Tenn.

18. (a) Signature of funeral director Southern Funeral Home,
(b) Address 6322 S. Grand Blvd.

19. (a) OCT 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 #
year 1942 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 1st 1942 to Oct. 28 # 1942
that I last saw her alive on Oct. 27 # 1942
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Reclusion

Due to Followed an amputation of left breast 10-1-1942

Due to

Other conditions Carcinoma of breast
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy — 50

Duration

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 J. W. Pruett (M. D. or other) md
Address 476 Wilmington Ave. Date signed 10-28-42

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address 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.