S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC. 1 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35223

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10114

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1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Bernard Skin and Cancer Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 932 N. Newstead Ave. Apt. 10
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Brown, Fannie L.

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 Widow

6. (b) Name of husband or wife Hazle M. Brown

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

7. Birth date of deceased June 4th. 1894
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	5	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business self

MOTHER FATHER

12. Name Frank Wallace

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

MOTHER

14. Maiden name Sarah Unknown

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

16. (a) Informant Mary Alice Nelson

(b) Address 932 North Newstead, Apt. 10

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 1 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 (Sunday) year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 8-11 1942 to 11-29 1942 that I last saw her alive on 29th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cachexia - (Inanition)	6 months.
Due to: Regional Colitis (cecum) and terminal ileum (non-specific)	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Hydronephrosis, chronic Pyelonephritis	

Major findings:
Of operations cecum and terminal ileum - inflammatory Process
Of autopsy Marked cachexia emphysema lungs, Chronic Pyelonephritis

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 D. J. Verda (M. D. or other)

Address Barnard Skin and Cancer Hosp. Date signed 11-29-42

(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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 21144

P. O. Address 1711 North Taylor Avenu

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.