

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **937**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1901 A Biddle St. /
(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) **20 years**

3. (a) PRINT FULL NAME **Mary Brown**

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

4. Sex **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **March 28, 1910**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 9 25 hr. min.

9. Birthplace **Forest City Ark. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Sunny Byndom**

13. Birthplace **? Miss. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Ewings**

15. Birthplace **? Miss. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sunny Byndom**

(b) Address **1901 A Biddle St.**

17. (a) **Burial** (b) Date thereof **Jan. 29, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father-Dickson**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2629-31 Cole St.**

19. (a) **JAN 20 1943** (b) **J. K. Anderson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **21/9**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1901 A Biddle St.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1 23** day **Jan**
 year **1943** hour **2** minute **0** M.

21. I hereby certify that I attended the deceased from **May 1943** to **Jan. 22, 1943**

that I last saw him alive on **Jan** 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Uteri** Duration **20 mo**

Due to _____

Due to _____

Other conditions **H**
(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? _____

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

23. Signature **J. K. Anderson** (M. D. or D.O.)

Address **2740 2nd Franklin** Date signed **1-28-43**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 2489

P. O. Address 4575 Aldine St.

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.