V. S. No. 2
50M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3978

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2084

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....
(c) City or town Saint Louis 5 63
(If outside city or town limits, write "RURAL")
(d) Street No. 5622 Delmar Blvd. 17
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 7
If yes, name country 0

3. (a) PRINT FULL NAME Helen Martin Brown

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Brown 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 31, 1893 (Month) (Day) (Year)

8. AGE: Years 49 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name C. H. Martin
13. Birthplace ..... (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name Etta Harn
15. Birthplace ..... (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Edward Brown
(b) Address 5622 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/43. (Month) (Day) (Year)
(c) Place: burial or cremation Iola, Kansas

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 4 minute 12 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1942, to March 2, 1943;
that I last saw h. ~~ex~~ alive on 10 PM March 2, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage with right hemiplegia	48 hrs
Due to Arteriolasclerosis	
Due to Hypertension	
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 Keith S. Wilson (M. D. or other) M.D.
Address 4952 Maryland Ave Date signed 3/3/43

(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 Philip M. Irving

Licensed Embalmer No. 3281

P. O. Address 468 Washington

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.