

Registration District No. 318

Primary Registration District No. 1003

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

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:
JEWSH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 18 HOURS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BABY BROWN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased. 6 - 28 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 18 min.

9. Birthplace. ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation. _____

11. Industry or business. _____

12. Name. RUSSELL W BROWN

13. Birthplace. ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name. HERMENE WEISS

15. Birthplace. ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant. RUSSELL W BROWN

(b) Address. 739 N FOREST AVE

17. (a) BURIAL (b) Date thereof. 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. OLK HILL CEM

18. (a) Signature of funeral director. CHARLES R GONDEK

(b) Address. _____

19. (a) JUL 1 1943 (b) J. J. [Signature]
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. ST LOUIS
(c) City or town. WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 739 N. FOREST AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 12:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6/28
1943, to 6/29 1943

that I last saw h.r. alive on 6/28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. _____ Duration _____

Atalretain
Immaturity

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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. [Signature] (M. D. or other) M.D.

Address. 3120 Washington Date signed 6/29/43

8008

8009

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. *not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.