

FILED JUL 13 1944
Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 6064

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res:— 4511 Washington Ave.
(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. 4511 Washington Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUELLA CATHERINE 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 Single.

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

7. Birth date of deceased March 25th, 1889.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54. 3. 8. hr. min.

9. Birthplace Altoona, Pennsylvania.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER
{ 12. Name Wymard C. Brown.
13. Birthplace Martinsburg, Pennsylvania.
(City, town, or county) (State or foreign country)
14. Maiden name Martha L. Winkle.
15. Birthplace Robinson, Pennsylvania.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Naomi R. Brown.

(b) Address 4511 Washington Ave.,

17. (a) Cremation. (b) Date thereof 7/3/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmer Boulevard.

19. (a) JUL 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 2nd,
year 1943, hour 9 minute 15 a. m.

21. I hereby certify that I attended the deceased from June 22, 1943, to July 2, 1943.
that I last saw her alive on July 1, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
(Mitral Stenosis + Regurgitation) Duration 30 yrs.

Due to Auricular Fibrillation

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

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 Hiram F. Hartz (M. D. or other) MD.

Address 3720 Washington Blvd Date signed 7/2/43

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

Dr Hiram Liggett.
3720 Washington Ave.,
JE: 1551.
2 - 5.

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.....

Paul Ferris..... Registered Apprentice No. 351

working under my personal supervision.

Signed Burford A. Miles.....

Licensed Embalmer No. 2801

P. O. Address University City - 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.