

No. 2
4-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26512

State File No. _____

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **2610**

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

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:
7825 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **45 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **7825 Pennsylvania**
(If rural, give location)

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

3. (a) PRINT FULL NAME **BERTHA BROWN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **Divorced Widow**

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

7. Birth date of deceased **March 3 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 5 19 hr. _____ min.

9. Birthplace **New York City** (City, town, or county) (State or foreign country) **1**

10. Usual occupation **Housewife**

11. Industry or business **At home**

MOTHER FATHER { 12. Name **Unknown**

{ 13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Henry Brown**

(b) Address **7825 Pennsylvania, St. Louis, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 25, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery, Lemay, Mo.**

18. (a) Signature of funeral director **C. H. ...**

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) (Date received local registrar) (b) **J. F. ...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22nd** year **1943** hour **8** minute **30** pm M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion Arteriosclerosis**

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 _____

3. Signature **Thomas F. ...** (M.D. or other)

Address **Deputy Coroner** Date **8-24-43**

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 A. Shanklin
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Paul A. Shanklin
Licensed Embalmer No. *3472*

P. O. Address. *7814 So. Dewey*

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.