

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8067**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 hours
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 n 10th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Ann 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 _____
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 9 / 9 / 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 15 min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Olan Brown
13. Birthplace Kenneth Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Russell
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Olan Brown
(b) Address 2710 N 10th St.

17. (a) Burial (b) Date thereof 9-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Av.

19. (a) SEP 11 1943 (b) St. Lukes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
year 43 hour 8 minute 15p M.

21. I hereby certify that I attended the deceased from 9-9-43
to 9-9-43, 19____, to _____, 19____,
that I last saw her alive on 9-9-43, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to prematurity & infection

Due to _____
Other conditions (Include pregnancy within 3 months of death) 151

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 _____

23. Signature J. Russell (M. D. or other) M.D.
Address St. Lukes Hospital Date signed 9-10-43

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

(Not Embalmed)

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 *Goodhart & Goodhart*

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.