

FILED MAY 2 1944

318

Primary Registration District No.

1003

3750

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 17 days
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4138 Cook Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sallie Brown

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. Brown 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased June 11 1899
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Mexico Colombia
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Hannah Clayton
15. Birthplace Mexico Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bradford

(b) Address 4235 E. Fenwick Ave

17. (a) Burial (b) Date thereof April 24 1944
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St

19. (a) APR 23 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20, year 1944 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 3, 1944, to April 20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with decompensation

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 Aura Moore (M. D. or other)

Address 4138 Cook Avenue Date signed 4/21/44

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address: 4575 Aldine

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.