

S. No. 2
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5-17-39
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#31095
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29161
State File No. _____
Registrar's No. 7957

Registration District No. 818 Primary Registration District No. 1003

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(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. 1429 Bremen
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baebara Ellen Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 15th
year 1944 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from 9/4/44
19 _____ to Sept. 15th 19 44
that I last saw her alive on Sept. 15th 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ---
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Acidosis Duration 6 hrs.
Due to dearthen 11/9/44
Due to _____

7. Birth date of deceased Sep 4 Th 1944
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 11 If less than one day _____ hr. _____ min.

Other conditions Dungenen right leg
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) U
10. Usual occupation nil
11. Industry or business _____

PHYSICIAN _____
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 _____
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

MOTHER FATHER
12. Name Montie Brown
13. Birthplace MO (City, town, or county) (State or foreign country) U
14. Maiden name Lillie Spire
15. Birthplace MO (City, town, or county) (State or foreign country) U

16. (a) Informant Montie Brown
(b) Address 1429 Bremen Ave 1944
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 18 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Edward T. Koch
(b) Address 3516 N 14 Th Str
19. (a) SEP 17 1944 (Date received local registrar) (b) J. B. Bales (Registrar's signature)

23. Signature E. W. Gebhardt (M. D. or other) 9/16/44
Address 1515 Lafayette Date signed _____

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.

No Embalming

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.