

FILED SEP 30 1944

318

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 8198

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:  
ST. JOHNS 307 S Euclid  
(If not in hospital or institution, write street number or location) D  
(d) Length of stay: In hospital or institution 10 DAYS  
(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  
(If outside city or town limits, write "RURAL") 11  
(d) Street No. 3601 PAGE  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... D

3. (a) PRINT FULL NAME EMILY 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 Divorced

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

7. Birth date of deceased Feb 22 1887  
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 2 If less than one day hr. min.

9. Birthplace HIGHLAND ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business.....

12. Name ALBERT WALTER

13. Birthplace HIGHLAND ILL  
(City, town, or county) (State or foreign country)

14. Maiden name G. R.

15. Birthplace..... ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Brown

(b) Address 5025 Kemp Drive

17. (a) BURIAL (b) Date thereof 9-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Ill

18. (a) Signature of funeral director Cullen Kelly  
(b) Address 4386 Linden Blvd

19. (a) SEP 26 1944 (b) J. F. Brasiek  
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 24  
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from SEP 4  
1944, to SEP 24 1944  
that I last saw her alive on SEP 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Myocardial infarction 10 days  
Chol. Intestinal typhoid 10 days  
Due to Urinary 10 days  
Due to Carcinoma of 4 years  
Wall blackberry

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

Duration

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.....  
(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 W. R. ... (M.D. or other) MD  
Address 4957 Maryland Date signed 10/14

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

MOTHER FATHER

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

**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.