

FILED SEP 18 1944  
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7769

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

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:  
1506, South 7th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. None  
(Specify whether)  
 In this community 60 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1506, South 7th, St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillie L Brown  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 9 day 8  
 year 44 hour 6 minute 35 - A.M.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Frank  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 14 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 30  
1944 to Sept 8 1944  
 that I last saw him alive on Sept 7 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 5 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute Cardiac Dilation  
 Duration Indef

9. Birthplace Columbia Mo. Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife  
 11. Industry or business At Home

Due to Mitral Stenosis  
 Due to 92

MOTHER, FATHER {  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Other conditions Hepatitis  
(Include pregnancy within 3 months of death)  
Cholecystitis  
 Major findings: non-calculous  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant James Brown  
 (b) Address 1405 South Broadway  
 17. (a) Burial (b) Date thereof 9 / 9 / 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation St. Matthews  
 18. (a) Signature of funeral director A. N. W. Humphreys  
 (b) Address 2301 Lafayette Ave.  
 19. (a) SEP 8 1944 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

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. F. Braden (M. D. or other) \_\_\_\_\_  
 Address 4405 S. Broadway Date signed 9/8/44

**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.....

L. R. Cooper  
Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**