

FILED SEP 18 1944  
318

State File No.

7748

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. five weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME SARAH J. BROWN  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife. Walker L. Brown (deceased)  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. September 8 1846  
(Month) (Day) (Year)

8. AGE: - Years 97 Months 11 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Mark A. Doty  
13. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Marian Howdyshe  
15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. S. Pillsbury  
(b) Address 680 McKnight Road, St. Louis

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

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director. C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd., St. Louis

19. (a) SEP 7 1944 (b) J. J. Bruden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ladue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 680 McKnight Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 6th  
year 1944 hour 4:30 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from 8/2/44 to 9-6 1944  
that I last saw her alive on 9/6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. hemorrhage from bladder  
Duration \_\_\_\_\_

Due to terminal prostatic carcinoma of bladder  
also severe

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 57  
Of operations \_\_\_\_\_  
Of autopsy no  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Hudson Talbot (M. D. coroner)  
Address 1217 1/2 St. Louis Date signed 9/7/44

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

Mr. J. Jackson  
Mkpt. Bldg.  
JE - 4141  
Also 1 to 3 P.M.

**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 Clarence A. Murray  
Licensed Embalmer No. 4011  
P. O. Address St Louis, Mo.

**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.**