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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39205

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11142

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: Homer G. Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)
In this community 34 years

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. 4359 Maffitt (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Brownlow
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased unavailable (Month) (Day) 1859 (Year)

8. AGE: Years About 85 | Months | Days | If less than one day hr. min.
9. Birthplace Selma, Alabama (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant Marie Wallace
(b) Address 4359 Maffitt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 27 year 1944 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia, Crushing of right leg, when he leapened to fall off Wards #2 while being hospitalized at Homer G. Phillips Hospital case #
Due to: Liver & Gall bladder
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence about May 20 1944
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Patrick E. Taylor (M.D. or other) Dep Cor
Address 1300 Clark Avenue Date signed 12/28/44

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave

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.