

FILED MAY 12 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3868**

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2802a Spruce  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Sallie Virt

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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

7. Birth date of deceased June 10th, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 17 ..... hr. .... min.

9. Birthplace Sumpterville Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business Domestic

MOTHER FATHER { 12. Name Edmond Brown  
13. Birthplace Sumpterville Ala.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anett Brown  
15. Birthplace Sumpterville Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Susie McGrew  
(b) Address 2802 Spruce St.

17. (a) Burial (b) Date thereof 5-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Fun Home.  
(b) Address 2820 Stoddard St.

19. (a) MAY 1 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27,  
year 1945 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 11,  
19 45 April 27, 19 45  
that I last saw her alive on April 27, 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chr. Nephritis Unk.  
Degenerative Heart Disease Unk.

Due to .....  
Due to .....  
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).....  
(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 0

23. Signature B. F. Murphy (M. D. or other) 4/28/45  
Address 2802 Spruce St. Date signed 4/28/45

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 L. Boykin  
....., Registered Apprentice No. Inf  
working under my personal supervision.

Signed Louise Boykin  
Licensed Embalmer No. 2946  
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.**