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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

1945 STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1945

State File No. 21729

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6441

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 11mo. 15ds. (Specify whether
In this community 35 yrs years, months or days)

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. 5 2706 ~~Lindell~~ St. (If rural, give location) City Sanitarium

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AZALIA BROWN

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 Married

6. (b) Name of husband or wife James Brown

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

7. Birth date of deceased Sept. 29. 1907 (Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Jackson Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Patson
13. Birthplace not given Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant T. Singler
(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4203 Fanney Ave.

19. (a) JUL 25 1945 (Date received local registrar) (b) J. Baeder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 12.30 minute P M.

21. I hereby certify that I attended the deceased from August 1st 1944 to July 21 1945 that I last saw her alive on July 21 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Pulmonary Tuberculosis	3yrs.x
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

23. Signature L. Kenchbaum M.D. (M. D. ~~or other~~)

Address 5300 Arsenal Date signed 7/22/45

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4675 Aldine

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.