

No. 2
1-5-43
5-17-39
I X36871

FILED FEB 7 1946
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State File No. _____

Registration District No. _____ Primary Registration District No. _____

1002 Registrar's No. 882

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:
City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Frances Brown

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife William Brown 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 25, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41	2	1	_____ hr. _____ min.
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9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Abe Anthony

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Brown

(b) Address 6500 Odell

17. (a) Removal (b) Date thereof 1/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Ky.

18. (a) Signature of funeral director Edith E. Ambruster
4254 Manchester

(b) Address _____

19. (a) JAN 28 1946 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
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(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6500 Odell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
 year 1946 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 25
1946 to January 26 1946;
 that I last saw her alive on 26 January 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertensive Cardio-vascular Disease 5 yrs

Due to Glomerular Nephritis Acute ?

Other conditions _____
(Include pregnancy within 3 months of death)

93d

PHYSICIAN _____

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature George J. Parker (M. D. or other)
1515 Lafayette Ave. Date signed _____

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

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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.....

Henry Eynck

Licensed Embalmer No. *1284*

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.