

No. 2-43  
5-17-39  
X35697

Registration District No. 319

Primary Registration District No. 10077

Registrar's No.

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town ~~Russell~~

(c) Name of hospital or institution: St. Marys, R.#1

(d) Length of stay: In hospital or institution. In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ste. Genevieve

(c) City or town Rural

(d) Street No. St. Marys, R.#1

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Delia Brown

(b) If veteran, name war

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1946 hour 4:00 minute P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Henry Brown

(c) Age of husband or wife if alive years

7. Birth date of deceased: October 13, 1869

21. I hereby certify that I attended the deceased from Jan. 1946, to Jan. 3, 1946, that I last saw h.E.R. alive on Jan. 1st, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, Arthritis - Gouty

8. AGE: Years 76 Months 2 Days 20

Due to

Due to

9. Birthplace Ste. Genevieve County, Mo.

Other conditions

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Louis Cambron

13. Birthplace Perm County, Mo.

14. Maiden name Julia Mattingly

15. Birthplace Perry County, Mo.

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Irene Werle

(b) Address St. Marys, Mo., R.#1

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof 1-6-1946

(c) Place: burial or cremation Brown Cemetery

(c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Ben Juregal

(b) Address Ferrysville, Mo.

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

19. (a) 1-31-46 (b) Leo D. Hare

23. Signature J. H. Williams (M. D. or other) Address St. Marys, Mo. Date signed 1/25/46

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

MOTHER FATHER

**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.....

*Albert Bey*

Licensed Embalmer No.....

*3866*

P. O. Address.....

*Serrynille, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *gab*  
Registrar's No. *11*

Registration District No. *319*

Primary Registration District No. *6027*

1. PLACE OF DEATH:

(a) County *St. Genevieve*

(b) City or town *Rural Beauvais Twp*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(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 *Delia Brown*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex *F*

5. Color or race *W*

6. (a) Single, widowed, married, divorced *wid*

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased *Oct 13 1894*  
(Month) (Day) (Year)

8. AGE: Years *76* Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) *Mo*

10. Usual occupation \_\_\_\_\_

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

MOTHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) *11/21/45* (b) *Leo W. Karl*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* Day *21* Year *1945* Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; to \_\_\_\_\_, 19\_\_\_\_; and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

3323

SUPPLEMENTARY

4207