

S. No. 2
OM-5-43
ev. 5-17-39
I X36871

#58084
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21566**

FILED JUL 12 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5815**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
In this community **3 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **2517**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 No. 10th St** **9**
(If rural, give location)
(e) Citizen of foreign country? **W.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LILLIAN BROWN**
(b) If veteran, name war **W**
(c) Social Security No. **None**
4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Albert**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **MAY 29 - 1907**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **30th**
year **1946** hour **6:15** minute **A** M.
21. I hereby certify that I attended the deceased from **5/21/46**
_____ 19____, to **6/30/46** 19____;
that I last saw h. **or** alive on **6/30/46** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Emphysema rt chest**
W
melanococcus
Due to _____
Due to **W**
Other conditions **embryo-liver**
(Include pregnancy within 3 months of death)

8. AGE: Years **39** Months **1** Days **1** If less than one day hr. min.
9. Birthplace **Darlington Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **housewife**
11. Industry or business _____
12. Name **Thomas S Holloway**
13. Birthplace **Centralia Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Myra Shoemaker**
15. Birthplace **Darlington Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant **Myra Shoemaker Holloway**
(b) Address **Omaha Nebraska**
17. (a) **Cremation** (b) Date thereof **7-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**
18. (a) Signature of funeral director **H W McLaughlin**
(b) Address **2301 LA FAYETTE AVE**
19. (a) **JUL 1 1946** (Date received local registrar)
J. F. Bredek (Registrar's signature)

Major findings:
Of operations **none**
Of autopsy **NO**
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 **W** **515 Lafayette** **7/1/46**
(M. D. or other) (Date signed)

Duration **2 hrs.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

20435
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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Q W Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette*.....

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.