

Registration District No. **3** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, MO.

(b) City or town St. Louis, MO.

(c) Name of hospital or institution 1931 Olive Street
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution About 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margret Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or Caucasian

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

6. (b) Name of husband or wife Not Known

6. (c) Age of husband or wife if alive Not Known years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 55 Months Days If less than one day hr. min.

9. Birthplace: Miss. (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

MOTHER FATHER

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant: Fannie Young

(b) Address 1931 Olive Street

17. (a) (b) Date thereof: Burial 7 12 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director: A. L. Beal U. of C.

(b) Address 2726 Lucas Ave.

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

JUL 12 1946 (Date received local registrar)

J. P. Pudelek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, MO.

(c) City or town St. Louis, MO.

(d) Street No. 1931 Olive Street
(If outside city or town limits, write "RURAL") (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour 10 minute 30 am

21. I hereby certify that I attended the deceased from June 10th 1946 to July 8 1946
that I last saw her alive on July 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis Cystitis-Cataract 28 days
Duration 141

Due to Fibroid Tumors
detritus - non malignant

Other conditions (Include pregnancy within 3 months of death) 56

Major findings: Of operations 56

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: J. S. Jacques (M. D. or other) D
J. P. Pudelek (Registrar's signature) J. P. Pudelek
Address 3022 Jefferson Date signed 7/11/46

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 *James A. Robinson*

Licensed Embalmer No. 4341

P. O. Address 5 Shaw 18 Ave

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.