

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38428**  
Registrar's No. **10342**

**FILED DEC 16 1946**

**318**

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

**1003**

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

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: **Missouri Baptist Hospital**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**  
(c) City or town **West Plains**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Daisy M. Brown**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Charles T. Brown** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **March 15 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>8</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Potosi Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **William J. Zorn**

13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Brown**

(b) Address **West Plains, Mo.**

17. (a) **Burial** (b) Date thereof **12-2-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Plains, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 3 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**  
year **1946** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 26**  
1944, to **Nov 30** 1946  
that I last saw her alive on **Nov 30** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **8 days**

Due to **Malignant hypertension and nephritis**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **1/21**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(e) 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. F. Bredeck** (M. D. or other) **0**

Address **958 Broadway** Date signed **12/3/46**

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*mail*

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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..... *Ernest W. Spillers* .....

Licensed Embalmer No..... *4080* .....

P. O. Address.....

**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.**