

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10605**FILED APR 14 1947  
318

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

Primary Registration District No. **1003**Registrar's No. **2455**

## 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:  
3756 W. Florissant Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 6 Mos.  
 years, months or days)

3. (a) PRINT FULL NAME Donna G. Brown

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

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

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

7. Birth date of deceased Oct. 31st. 1946  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)

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

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

MOTHER FATHER { 12. Name Edward Y. Brown  
 13. Birthplace East St. Louis, IL!  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Betty ANN Smith.  
 15. Birthplace East St. Louis, ILL!  
 (City, town, or county) (State or foreign country)

16. (a) Informant EDward Y. Brown  
 (b) Address 3756 W. Florissant Ave.

17. (a) Burial (b) Date thereof 4-1-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Suedmeyer & Sons.

(b) Address 3734 N. 20th. St.

19. APR 1 1947 (Date received by registrar) (b) J. S. Brederick  
 (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3756 W. Florissant Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U.S.A.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st.  
 year 1947 hour 10.20 minute A. M.

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

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Atelectasis Rehydration

Due to 16 a

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 J. S. Brederick (M.D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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..... *me*.....

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

Signed..... *G. A. Smathers*.....

Licensed Embalmer No..... *3916*.....

P. O. Address..... *3934 N. 20 St*.....

**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.**