

FILED JUN 23 1947

Registration District No.

Primary Registration District No. 6076

Registrar's No. 1228

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2324 HOOD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YR 4 DAYS (Specify whether
In this community 1 YR 4 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town OVERLAND (If outside city or town limits, write "RURAL")
(d) Street No. 2324 HOOD (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

MARIE BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife WILLIAM

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased DEC 4 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 9 hr. min.

9. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name HENRY GERDES

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

14. Maiden name CHARLINE BOSE

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

16. (a) Informant MINNIE GEROT

(b) Address 2324 HOOD OVERLAND MO

17. (a) SORIAL (Burial, cremation, or removal) (b) Date thereof 6-15-47
(Month) (Day) (Year)

(c) Place: burial or cremation VAL HALLA CEMETERY

18. (a) Signature of funeral director BAUMANN BROTHERS

(b) Address 2504 WOODSON RD OVERLAND

19. (a) 6-19-47 (Date received local registrar) (b) Paul A. Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 12 1947, to June 13 1947; that I last saw her alive on June 12 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration 1 yr.

Due to 46 b

Other conditions Obstruction of Intestine 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations: ?
Of autopsy ???

PHYSICIAN

Underline the cause of 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? --- (Specify type of place)
While at work? --- (Specify type of place) (e) Means of injury ---
23. Signature Roy A. Hunter (M. D. or ---)
Address 2438 Woodson Rd. Date signed 6-13-47

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

96.
13
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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 Orion F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.