S. No. 2
M—1/47
y. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

Registration District No. 3 17

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29855

Primary Registration District No. 6076

Registrar's No. 1767

1. PLACE OF DEATH:
(a) County: Rock - Saint Louis - Mo
(b) City or town: Rock - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Rock Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saint Louis
(c) City or town: Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3810 Indiana 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: ROSE ELLA BROWN
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: female
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Edward E. Brown
6. (c) Age of husband or wife if alive: Land years
7. Birth date of deceased: 10 (Month) 15 (Day) 1873 (Year)

8. AGE: Years 73 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Hodgenville (City, town, or county) Ky (State or foreign country) 1
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Louis Smith
13. Birthplace: Ky (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: Ella Bane Lanning
15. Birthplace: Ky (City, town, or county) (State or foreign country) 1
16. (a) Informant: hospital record
(b) Address: Robert Rock Hosp - Rock Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation to Hodgenville, Kentucky
18. (a) Signature of funeral director: Tucker Helderle U. & L. Co
(b) Address: 3634 Gravois, St. Louis, Mo.
19. (a) 8-19-47 (Date received local registrar) (b) Eddie Sharp (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17 year 1947 hour 2 minute 11 P.M.
21. I hereby certify that I attended the deceased from 6-10 1947 to 8-17 1947 and that I last saw h. alive on 8-17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pulmonary Tuberculosis — Duration 7
Due to: 136
Due to:
Other conditions (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? (e) Means of injury:

23. Signature: Bernard Friedman (M. D. or other) MD
Address: Kirkwood, Mo. Date signed 8-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2648

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.