S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42882

State File No. 11619

FILED DEC 31 1947

Registration District No. 310

Primary Registration District No. 1003

Registrar's No. 11619

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

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. 2028 rear Cole
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eliza Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Starksville (City, town, or county) Miss. (State or foreign country)
10. Usual occupation None
11. Industry or business

MOTHER FATHER
12. Name Jerry Johnson
13. Birthplace (City, town, or county) Miss. (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Muldrow
(b) Address 2028 Rear Cole St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas
19. (a) DEC 22 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1947 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec. 14, 1947 to Dec. 16, 1947; that I last saw her alive on Dec. 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular Disease	Undet.
Due to	
Due to	
Other conditions: Pleural Effusion (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 John L. Cayles (M. D. or other)
Address 2601 N Whittier Date signed 12/17/47

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Wc

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.