. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10021
1003 2508

Registration District No. 318 Primary Registration District No. Registrar's No.

WRITE PLAINLY—USING 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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Less than 24 hours (Specify whether years, months or days)
In this community 5 years

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. 2744 a Gamble St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Brown
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 5, 1921 (Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Pioneer (City, town, or county) La. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Gus Pratchet
13. Birthplace ? (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Liza ?
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant George Brown
(b) Address 2744 a Gamble St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pioneer, Ark.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2828 Stoddard St.
19. (a) MAR 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11 year 1948 hour [illegible] minute 25 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchopneumonia
Due to
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 [illegible] (M.D. or other)
Address [illegible] Date signed 3/13/48

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 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.