FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 376

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20589

Primary Registration District No. 6075

Registrar's No. 196

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington, RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 yrs. 8 mos. 6 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: City of St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5670 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MATILDA ELIZABETH GALT BROWN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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: June (Month) 26 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 8 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER FATHER

12. Name: Arthur Brown

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Matilda E. Galt

15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Hill Cem., Louisville, Ky.

18. (a) Signature of funeral director: L. D. Pearson & Son
(b) Address: Louisville, Kentucky

19. (a) 6-22-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1946, 19..., to June 4, 1948, 19...; that I last saw her alive on June 4, 1948, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocarditis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: No 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: George H. Rivers (M. D. or other) M.D.
Address: Farmington Mo Date signed 6/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 648-82
Date Filed 6-28-48

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.