

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27552

FILED SEP 13 1948

7680

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
in this community Life
years, months or days)

3. (a) PRINT FULL NAME Julia Brown

3. (b) If veteran, No 3. (c) Social Security No. _____
name war _____

4. Sex Female 5. Color or race Col 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 July 31 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 29 If less than one day
hr. _____ min. _____

9. Birthplace Lincoln County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Mill

11. Industry or business _____

12. Name Unknown
13. Birthplace Anna Davis (City, town, or county) (State or foreign country)
14. Maiden name Anna Davis
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Galadey, Anthony St
(b) Address 2333 Spruce

17. (a) Burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Cem

18. (a) Signature of funeral director Herman J Smith
(b) Address 4247 W Labadie Ave

19. (a) AUG 31 1948 (b) J. F. Bredecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4149 Enright (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from August 23, 1948, to August 30, 1948,
that I last saw her alive on August 30, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Heart Disease with De-
compensation

Duration

Unk

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature O. J. Daniels (M. D.)
Address 2660 N. W. Whittier Date signed 8/27/48

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 *James C. Thompson*

Licensed Embalmer No. 4841

P. O. Address *St. Paul*

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.