

STANDARD CERTIFICATE OF DEATH

State File No.

27553

FILED AUG 23 1948

Registration District No.

518

Primary Registration District No.

1003

Registrar's No.

7120

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital * Max C. Starkloff
(If not in hospital or institution, write street number or location)
Memorial
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAMENannie Brown3. (b) If veteran,
name war.....3. (c) Social Security No.
none4. Sex female
5. Color or
race white6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife
Eugene Brown6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased January 22 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 6 21 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business.....

12. Name Alec French13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Martin15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Myrtle Miley, daughter(b) Address 3353 B Indiana Ave.17. (a) Burial (b) Date thereof August 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oakwood Cemetery, Alton, Ill.18. (a) Signature of funeral director Witt Bros. Liv. & Und. Co.(b) Address 2929 S. Jefferson Ave. St. Louis, Mo.19. (a) AUG 15 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County boe
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3404 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1948 hour 6 minute 25 P. M.21. I hereby certify that I attended the deceased from 8-4-48
....., 19....., to 8-12-48, 19.....
that I last saw h. er alive on 8-12-48, 19.....
and that death occurred on the date and hour stated above.Immediate cause of death arteriosclerosis Duration
heart disease

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?

23. While at work?..... (Specify type of place) (Means of injury)

23. Signature Joseph J. Mink (Date signed) 8-13-48
Address 1515 Lafayette Avenue

Mand

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

D. M. Davis

Licensed Embalmer No. *3741*

P. O. Address

2929 S. Jefferson

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.