

National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. ....

Primary Registration District No. **6076**Registrar's No. **2166**

## 1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Lemay**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **217 W. Arlee**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether

In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME **Dorothy Brown**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Barton Brown** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **SEPTEMBER 24, 1893**  
 (Month) (Day) (Year)

8. AGE: **54** Years **11** Months **14** Days If less than one day  
 hr. min.

9. Birthplace **Chicago Illinois**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER  
 12. Name **Joseph Strauss**  
 13. Birthplace **Vienna Austria**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mathilda Newmann**  
 15. Birthplace **Vienna Austria**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shirley Panik**  
 (b) Address **217 W. Arlee ave.**  
 17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **SEPT. 13-48**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Los Angeles, California**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**(b) Address **7814 S. Broadway**

19. (a) **9-12-48** (Date received local registrar) (b) **Paul G. Huppert** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County.....  
 (c) City or town **Calexico**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural**  
 (If rural, give location) **Box 1024**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**  
 year **1948** hour **9** minute **20 A** M.

21. I hereby certify that I attended the deceased from **Sept 7 - 1948**  
 that I last saw her alive on **Sept 7 - 1948**  
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death

**Coronary occlusion**

Due to.....

Due to..... **94a**

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?.....

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

23. Signature **W. J. H. Huppert** (M. D. or other)  
 Address **2602 S. Broadway** Date signed **9-13-48**

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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 7814 S. Broadway

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.