

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33968  
State File No. 9123  
Registrar's No.

FILED OCT 30 1948 318

1003

Registration District No. Primary Registration District No. 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 C. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 hours  
(Specify whether \_\_\_\_\_)

In this community 72 years  
years, months or days

3: (a) PRINT FULL NAME Mary 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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 15 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 7 4 hr. min.

9. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Eli Drew

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

14. Maiden name Martha Stewart

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

16. (a) Informant Hazel Outlaw

(b) Address 3140 Pine Street

17. (a) Burial (b) Date thereof 10/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Lee J. Smith

(b) Address 3615-12 Eastern Avenue

19. (a) OCT 21 1948 (b) G. B. Lander  
(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")

(d) Street No. 3140 Pine Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1948 hour 9 AM minute 00 M.

21. I hereby certify that I attended the deceased from 6-10-48  
1948 to 10-19-1948

that I last saw her alive on 10-14-1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: congested heart failure

Due to Weakness and general debility, senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to 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 5

23. Signature J. F. Wintner (M. D. or other) \_\_\_\_\_

Address 2743 7th Ave Date signed 10-20-48

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

MOTHER FATHER

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**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

*J. Paul Hyatt*

Licensed Embalmer No. *4441*

P. O. Address. *2829 Washington*

**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.**