

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. No. 300
V. 10-48

FILED JAN 19 1949

318

1003

State File No. 130
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 130		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) 2-mon.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 26 St. Louis 19							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 2616 N. 10th., Street 7									
3. NAME OF DECEASED (Type or Print) a. (First) (Wilma) Louise b. (Middle) Ping c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) 1-6-49										
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.		8. DATE OF BIRTH Aug. 4, 1925		9. AGE (In years last birthday) 23		10. IF UNDER 1 YEAR Month(s) Day(s) 5 2		11. IF UNDER 100 Hrs. Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME John Molloy				13b. MOTHER'S MAIDEN NAME Willie M. Hawkins				14. NAME OF HUSBAND OR WIFE Thomas Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willie Molloy, 2616 N. 10th. St.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS (Advanced)											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA, Myelocytic, CAUSE UNDET.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR									
22. I hereby certify that I attended the deceased from 11/26/48, 19__, to 1/6/49, 19__, that I last saw the deceased alive on 1/6/49, 19__, and that death occurred at 1:45 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Joseph B. Bladen				23b. ADDRESS 1515 Lafayette				23c. DATE SIGNED 1/6/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL REG. 18N 6 1949		REGISTRAR'S SIGNATURE J. B. Sasato		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.							

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

mildred

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Thomas R Fenwick*

Signed.....
Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.