

FILED DEC 12 1945

318

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
EXPANSE TO CITY HOSP #1  
(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

IDA E. BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife THOMAS 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased SEPT 16 1900  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 10 If less than one day hr. min.

9. Birthplace ROLLA MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

12. Name DAVE BORDERS

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

14. Maiden name THOMAS THOMPSON  
(City, town, or county) (State or foreign country)

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

16. (a) Informant THOMAS BROWN

(b) Address 3643 LACLEDRE AVE

17. (a) BURIAL (b) Date thereof 11 30 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MATTHEWS CENT

18. (a) Signature of funeral director KRIEYS HAUSER

(b) Address 4228 S. KINGS HIGH WAY

19. (a) NOV 29 1945 (b) 7 Bridges  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3643 LACLEDRE AVE  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1945 hour 6:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to acute dilatation of heart  
cardiac infarction  
hydrothorax  
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 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 Struck E. Smith (M. D. or other) \_\_\_\_\_  
Address 109 E. 1st Date signed 11/28/45

*Common Case*

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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.....

*Colin D. Mc Dermott*

Licensed Embalmer No. ....

*3024*

P. O. Address.....

**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.**