

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

791

27255

Do not use this space.

7269

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dan Brown
 (a) Residence, No. 532 S. Garrison St. 18
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilda Brown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1873		
7. AGE YEARS 64	MONTHS 7	DAYS 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi		
13. NAME unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		
15. MAIDEN NAME unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
Father Dickson DATE 8/16/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McDowell
3506 Franklin Ave

20. FILED AUG 13 1938 J. R. Rudner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 19 3822. I HEREBY CERTIFY, That I attended deceased from July 24, 19 38 to Aug. 9, 19 38I last saw him alive on Aug. 9, 19 38. Death is said to have occurred on the date stated above, at 12:45 m. a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart diseaseDate of onset
7/24/38

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?.....
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....(Signed) H. J. Lyman, M. D.(Address) 2601 N Whittier

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-12-38 X14028

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,

William C. McDowell

or by

Registered Apprentice No., working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2814

P. O. Address

2806 Franklin

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, above space should be left blank.