

- 1 1939

REC'D MAY 11 1939

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

16103
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 109 Registered No. 784
(c) City Maplewood (d) Street No. 2627 Lyle St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George N. Brown

(a) Residence, No. 2627 Lyle St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Brown

22. I HEREBY CERTIFY, That I attended deceased from 3-27-35 to 4-28-39, 1935 to 4-28-39, 1939
I last saw him alive on 4-28-39, 1939 Death is said to have occurred on the date stated above, at 9:15 P.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 0

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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.

Myocarditis Chronic Date of onset 4-12-37

12. BIRTHPLACE (CITY OR TOWN) West, Tenn. (STATE OR COUNTRY)

Other contributory causes of importance:
Arrhosis of Liver 4-12-37
ascites 3/15-39

13. NAME William Brown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

Name of operation Cloned Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Julia Robertson

16. BIRTHPLACE (CITY OR TOWN) Rolla Mo. (STATE OR COUNTRY)

23. 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.

17. INFORMANT Lora Brown (ADDRESS) 2627 Lyle

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE May 1, 1939

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 7456 Manchester

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Ralph E. Gaston M. D. (Address) Webster Groves, Mo

20. FILED MAY - 1 1939 R. K. Meyer Local Registrar

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.

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. R. Burgess*
Licensed Embalmer No. *4029*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.