

REC'D JUN 12 1939

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

17260

Do not use this space.

791

1003

Registered No. 4794

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or City..... St. Louis, Mo. (d) Street No..... City Infirmery..... 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁶⁵ William Brown

- (a) Residence, No. 5800 Arsenal St. St. 13
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 unk.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
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) Illinois. 1

13. NAME William Brown. 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 1

15. MAIDEN NAME Mary Thompson. 1

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

17. INFORMANT (ADDRESS) E. Molony / 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cemetery DATE May 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bensiek-Niehaus 1134 N. 6th Street.

20. FILED MAY 26 1939 J. B. Breda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1936, to May 25, 1936

I last saw him alive on May 25, 1939 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Myocardial Insufficiency Date of onset

Other contributory causes of importance: Arteriosclerosis Heart Disease

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. P. Poterbach, M. D.

(Address) 5000 Greenwood St.

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.....

No Embalmer

.....
Licensed Embalmer No.....

.....
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, above space should be left blank.