Y 24 1939 REC'D JUN 8 1939

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

19858
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Carondelet — Primary Registration District No. 3
(c) or City ~~Jefferson Barracks~~ — (d) Street No. Veterans Hospital St. — Registered No. 938
(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Albert Brown
(a) Residence, No. 2401 Dixon Street St. Saint Louis, Missouri.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Washer
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) Tupelo, (STATE OR COUNTRY) Mississippi

FATHER
13. NAME Jo Brown
14. BIRTHPLACE (CITY OR TOWN) -- (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Rhoda Traylor
16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Mississippi

17. INFORMANT Clinical Clerk, VAF Jefferson (ADDRESS) Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat Cemetery DATE 4-25 1939

19. FUNERAL DIRECTOR (NAME) A.F. Walton (ADDRESS) 2707 Steadman St.

20. FILED MAY 24 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to May 20, 1939
I last saw him alive on May 20, 1939 Death is said to have occurred on the date stated above, at 9:30P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension essential with chronic myocarditis, cardiac hypertrophy, and chronic nephritis.	Unkn.
Other contributory causes of importance: Arteriosclerosis, generalized.	Unkn.

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Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and lab. Was there an autopsy? NO

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) C.W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3586 Franklin Av

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

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