

1939 SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27394

Registrar's No. 6894

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County 1
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Hours
 (Specify whether
 In this community 18 years
 years, months or days)

3. (a) PRINT

FULL NAME Warren G. Brown 650

3. (b) If veteran,

name war.

3. (c) Social Security

No. none4. Sex Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

October5, 1920

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

18929

hr.

min.

9. Birthplace Acherman

(City, town, or county)

Mississippi

(State or foreign country)

10. Usual occupation

Porter (Drug-store)

11. Industry or business

MOTHER FATHER

12. Name Walter Brown13. Birthplace Acherman

(City, town, or county)

Mississippi

(State or foreign country)

14. Maiden name Salley Zuber15. Birthplace Starksville

(City, town, or county)

Mississippi

(State or foreign country)

16. (a) Informant's own signature Walter Brown(b) Address 4212 B Fairfax Avenue17. (a) Burial(b) Date thereof 8/7/39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem18. (a) Signature of funeral director Charles J. Lister(b) Address 4107 Finney Avenue19. AUG 8 1939

(b)

(Date received local Registrar)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4212B Fairfax
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
 year 1939 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 3, 1939
 _____, 19____, to Aug. 4, 1939, 19____;
 that I last saw him alive on Aug. 4, 1939, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar pneumonia

Duration

5 days

Due to

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 sta-
tistically.

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? 1

(Specify type of place)

(e) Means of injury

23. Signature H. J. Lyman

(M. D. or other)

Address 261 N. WebsterDate signed 8/7/39

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.

1 X1931

COPYING BACK INK—MAKE A PERMANENT RECORD

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.....

..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.