

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35905**

Registration District No. **231**

Primary Registration District No. **5314**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **St. Louis 2nd**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME **Charles Brown** ⁶⁵⁰

8. (b) If veteran, name war **720** 8. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife **Edna Brown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 11 1899**
(Month) (Day) (Year)

8. AGE: Years **52** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Brown**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna Brown**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **F. E. Kutitschok**

(b) Address **3720 Washington Ave St. Louis MO**

17. (a) _____ (b) Date thereof **Sept 12 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis 9-12-1939**

18. (a) Signature of funeral director **F. E. Kutitschok**
(b) Address **St. Louis 209**

19. (a) **11/10** (b) **F. E. Kutitschok**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **St. Louis 2nd**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **Sept.**
year **1939** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **August** 19**38** to **September** 19**39**
that I last saw him alive on **August 15** 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac dilatation**

Due to **Chr. Myocarditis** 6 yrs

Due to _____
Other conditions **930**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Myo carditis**
Chronic Sclerosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **Sept. 11, 1939**

(c) Where did injury occur? **Crawford Co. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work? **yes** (Specify type of place) (a) Means of injury _____

28. Signature **F. E. Kutitschok** (M. D. or other)

Address **3720 Washington** Date signed **9/11/39**

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.

RECEIVED

District Health Officer No. 5,

District File Number. 1139414

Date Filed 11/13/39

Signed.....

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.