DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41530

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 10653

1. PLACE OF DEATH: 1003
(a) County St. Louis, Missouri
(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo. 23 days. (Specify whether years, months or days)
In this community 57 yrs. 7 mo. 10 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 25 (If outside city or town limits, write "RURAL")
(d) Street No. 1020 N. 14th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WALTER BROWN 650
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lulu Pinkard
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2, 1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Odd jobs
11. Industry or business
FATHER
12. Name Jonah Brown
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura
15. Birthplace Washington Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Peter Todd
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-39 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Washington Park~~ GREENWOOD CEM
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave.
19. (a) DEC 13 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1939 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 6-19, 1939, to Dec 12, 1939 that I last saw him alive on Dec 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia (onset 12-1-39)
Due to Nephritis Interstitial (onset 6-19-39x)
Due to C.N.S. Syphilis (onset 6-19-39X)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy No

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury (WILD)

23. Signature W. Hulde M.D. (M.D., or other)
Address 5400 Arsenal Date signed 12/12/39

(Licensed Embalmer's Statement on Reverse Side)

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.
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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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.