

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41905**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **11028**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St 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 **3 mos 10 das**  
 In this community **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Paul Brown** **65A**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **499-03-3812**

4. Sex **Male** 5. Color or race **Col** 6. (a) **Single, widowed, married, divorced, Widower**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept. 18th 1889**  
 (Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **P.W.A.**

11. Industry or business **Robbery**

12. Name **William Brown**

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

14. Maiden name **McIntosh**

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

16. (a) Informant's own signature **Janetta Darnford**

(b) Address **4523 Kennerly**

17. (a) **Removal for Burial** (Burial, cremation, or removal) Date thereof **12-27-39**  
 (Month) (Day) (Year)

(c) Place: burial or cremation **Chesterfield Mo.**

18. (a) Signature of funeral director **Callis Funeral Home**

(b) Address **2820 Stoddard St**

19. (a) **DEC 26 1939** (Date received local registrar) (b) **J. F. Biedak** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4523 Kennerly**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**  
 year **1939** hour **2:00** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Sept 6**, 19**39** to **December 21**, 19**39**;  
 that I last saw him alive on **December 21**, 19**39**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach** Duration **1 - 1 1/2 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Cancer of Stomach**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **H. J. Lyman** (M. D. or other) \_\_\_\_\_

Address **2600 N Whittier** Date signed \_\_\_\_\_

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 J. Boykin  
....., Registered Apprentice No. 1154  
working under my personal supervision.

Signed

Lommie Boykin  
.....  
Licensed Embalmer No. 2946

P. O. Address

St. Louis, Mo.

**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.**