FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 8812

Registration District No. 791

Primary Registration District No.

Registrar's No. 2295

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4110 Turner
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles W Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sallie Brown

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August (Month) 4th (Day) 1869 (Year)

8. AGE: Years 70 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Hod Carrier

11. Industry or business

FATHER
12. Name Antoine Brown
13. Birthplace unavailable (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name unavailable
15. Birthplace unavailable (City, town, or county) unavailable (State or foreign country)

16. (a) Informant's own signature Sallie Brown
(b) Address 4110 Turner Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAR 8 1940 (Date received local registrar) (b) J. F. Bachuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1940 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from February 9, 1940, to March 5, 1940;
that I last saw him alive on March 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	10 das
Senile Cataract	
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 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

23. Signature J. W. Noffles M.D. (M. D. or other)
Address 2601 N. Whittier Date signed 3/7/40

(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.

Rev. 5-17-39 I X19511

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 Jr.

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.