

S. No. 2  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

9268  
State File No. 2751  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 12 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Asa Brown  
(b) If veteran, name war Nil  
(c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Husband of Martha Brown  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Jan. 11 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 2 12 hr. min.

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

10. Usual occupation Stationary Engineer  
Retired over 15 years

11. Industry or business  
12. Name Wm. Brown  
18. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Brown  
(b) Address 2411 Elliot

17. (a) Burial (b) Date thereof Mar. 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Chudmeny & Sons  
(b) Address 3934 N. 20 St.

19. (a) MAR 25 1940  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2411 Elliot Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 23  
year 1940 hour 4 minute 15 pm.  
21. I hereby certify that I attended the deceased from 3-2-40  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 3-23, 1940  
that I last saw him alive on 3-23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions Benign Hypertrophy of Prostate Gland  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
May findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy Chronic myocarditis, cardiac hypertrophy - Prostate hypertrophy

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 A. Robinson Jr. (M. D. or other)  
Address 1515 Lafayette Date signed 3/25/40

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1951

**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 *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

**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.**