

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19534

State File No. _____

Registrar's No. 989

JUN 10 1940
Registration District No. 784

Primary Registration District No. 109

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

664

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1wk. (Specify whether
In this community _____
years, months or days)

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. 3939 St. Ferdinand
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Leonard J. Brown 650

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

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

7. Birth date of deceased Aug. 15, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 7 hr. _____ min.

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

10. Usual occupation Granitoid Finisher

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Catherine Shriner

(b) Address 3939 St. Ferdinand

17. (a) Burial (b) Date thereof 5-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith 707

(b) Address 7456 Manchester

19. (a) MAY 22 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 22, 1940
that I last saw him alive on May 22, 1940, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia

Due to _____
Due to 107a

Other conditions Arterio-Sclerosis
(Exclude pregnancy within 3 months of death) Sanguine

Major findings: Of operations _____

Of autopsy None

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 John R. Chasen (M. D. or other) _____
Address 1148 Oakview Date signed 5/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.