

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33094

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1690

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 811 N. Woodlawn Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT

FULL NAME Ner Owen Brownlee
8. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1940 hour 4 minute 00 a.m.
21. I hereby certify that I attended the deceased from 7/8/40, 19, to 9/6/40, 19;
that I last saw him alive on 8/20/40, 19;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single ~~widowed~~, married, divorced, husband
6. (b) Name of husband or wife Mittie M. Brownlee 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Mar. 3, 1861
(Month) (Day) (Year)

Immediate cause of death
Myocarditis
Arterio-sclerosis, Senility
Due to _____
Due to 9381
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 79 Months 6 Days 3 If less than one day
hr. _____ min.

9. Birthplace Washington Co., Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jonathon Brownlee
13. Birthplace Washington Co., Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Anderson
15. Birthplace Washington Co., Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mittie M. Brownlee
(b) Address 811 N. Woodlawn Ave.

17. (a) Removal (b) Date thereof Sept. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clayesville Penn.

18. (a) Signature of funeral director Mittelberg Fun. Home, Inc.
(b) Address Webster Groves Mo.
19. (a) SEP - 6 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature [Signature] (M. D. or other) _____
Address 4016a Chouteau Date signed 9/6/40

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.