No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40971

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10742

1. PLACE OF DEATH:
(a) County: 1
(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 das (Specify whether years, months or days)
In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Peter 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: W
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive: Unk years
7. Birth date of deceased: January (Month) 27 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	12	hr. min.

9. Birthplace (City, town, or county): Miss (State or foreign country) 1
10. Usual occupation: Nil 1
11. Industry or business:
MOTHER FATHER
12. Name: John Brown 1
13. Birthplace (City, town, or county): Miss (State or foreign country)
14. Maiden name: Sarah Moore
15. Birthplace (City, town, or county): Miss (State or foreign country)
16. (a) Informant: Florence A Spotto
(b) Address: 2601 N Whittier ~~St~~
17. (a) (Burial, cremation, or removal) (b) Date thereof: 12-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation: St Louis
18. (a) Signature of funeral director: W. Rutter
(b) Address: 3500 Rutter
19. (a) DEC 27 1940 (Date received local registrar) (b) J. M. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1940 hour 11:35 minute AM.
21. I hereby certify that I attended the deceased from October 23, 1940, to December 9, 1940; that I last saw him alive on December 9, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	12 das
Pan-Ophthalmitis	17 das
~~Uremia~~	5 das
~~Bronchopneumonia~~	5 das
Due to:	
Other conditions (Include pregnancy within 3 months of death): 10	
Major findings: Of operations:	
Of autopsy: As above	

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. Johnson (M. D. or other)
Address: 2601 N Whittier Date signed: 12-12-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.