S. No. 2
—11-10-39
. 5-17-39
I X21492

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. 196

Registration District No. 1003 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 196

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H. G. Phillips Hosp (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St Louis (If outside city or town limits write "RURAL") 2017

(d) Street No. 2600 A Glasgow (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John W Brown

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 12 (Month) 26 (Day) 1865 (Year)

8. AGE: Years 75 Months Days 10 If less than one day hr. min.

9. Birthplace Baltimore Maryland (City, town, or county) (State or foreign country) 11

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Lazay Brown

(b) Address 2600 A Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 10 41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Stoddard St 8/41

19. (a) JAN 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5th year 1941 hour 6: minute 40 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Gangrene of right foot, Amputation of right leg. Natural Causes — Duration

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 Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 1/7/41

(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~~ L Boy

....., Registered Apprentice No. Mp/,

working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. St 294

P. O. Address St Louis Mo

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.