No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26329

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1602

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/21/41 (Specify whether
In this community Since 6/21/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Benton 11
(If outside city or town limits, write "RURAL")

(d) Street No. 311 No. Main Street 0
(If rural, give location)

(e) Citizen of foreign country? - 1 (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Wilson BROWN

3. (b) If veteran, name war World War

3. (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 Rosha

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

7. Birth date of deceased August (Month) 21, (Day) 1875 (Year)

8. AGE: Years 65 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Franklin County/ Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor.

11. Industry or business -

FATHER
12. Name John S. Brown
13. Birthplace /Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. McGee
15. Birthplace /Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schiffag
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Benton Ill.

18. (a) Signature of funeral director Joe E Mitchell
(b) Address Benton Ill.

19. (a) JUL 30 1941 (Date received local registrar) (b) L R Meyer M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1941 hour 8:22 minute p.M.

21. I hereby certify that I attended the deceased from June 21, 1941, to July 29, 1941, that I last saw him alive on July 29, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, chronic, no edema, but with nitrogen retention and uremia, and	
Due to Generalized arteriosclerosis,	
Due to pronounced degree.	Unknown
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No 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) no

(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? L. M. Cochran (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other) 0

Address Chief Medical Officer. Date signed 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1941

SEP 8 1941

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 w the above constitutes grounds for revocation of license.)

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