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7. 5-17-39  
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SEP 17 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27095

State File No. \_\_\_\_\_

FILED SEP 17 1941  
Registration District 104 791

Primary Registration District No. 1003

Registrar's No. 6887

G-6523

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17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 12/1

(d) Street No. 5018 Gates Ave.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Browne

3. (b) If veteran, name war Unknown

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 Lena Theresa Browne

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 18 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Retired Salesman

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown Virginia  
(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 Lena Theresa Browne

(b) Address Gray Summit, Mo.

17. (a) Removal (b) Date thereof 8/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 25 1941 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22, year 1941 hour 4:25 minute P M.

21. I hereby certify that I attended the deceased from August 18, 1941, to August 22, 1941;

that I last saw h. im alive on August 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 92-18  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 92-18

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature A. G. Newdoff (M. D. or other) 0

Address 1515 Lafayette Date signed 8/23/41

**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..... *James Binkley*.....  
Licensed Embalmer No. *3653*.....  
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, fact should be so stated above.**