

FILLED OCT 18 1941

1003

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Isolation Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9/22/41-9/24/41**  
(Specify whether  
In this community **0**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2928 Shendoah Avenue.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, day **24**  
year **1941** hour **4** minute **30** P. M.  
21. I hereby certify that I attended the deceased from **Sept. 22**  
**1941** to **September 24, 1941**  
that I last saw him alive on **Wednesday Sept. 24, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Probably tuberculous meningitis**  
Duration

Due to  
Due to

Other conditions **Hypertensive vascular disease**  
(Include pregnancy within months of death)  
Major findings:  
Of operations

PHYSICIAN

Of autopsy **Above plus calcified tuberculous focus, lung, cardiac enlargement**  
Underline the cause to which death is charged as actually.

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  
Where at work? (e) Means of injury

23. Signature **Spencer Blaney** (M. D. or other)  
Address **5600 Arsenal St.** Date signed **9-25-41**

3. (a) PRINT FULL NAME **Fred Brown**

3. (b) If veteran, name war. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marie Brown** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **August 17 190**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Policeman**

11. Industry or business

12. Name **Gilbert Brown**

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

14. Maiden name **Johanna Murry**

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

16. (a) Informant **Edith V. Minor**

(b) Address **5600 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **SEPT 27 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**

18. (a) Signature of funeral director **E. J. Schuur**

(b) Address **3125 Lafayette Ave**

19. (a) **SEP 20 1941** (b) **J. Bredsch**  
(Date received local registrar) (Registrar's signature)

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

1799

**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..... *Jose B. Wollmer*.....  
Licensed Embalmer No. *4014*  
P. O. Address *3125 Lafayette Ave.*

**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.**