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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33028

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7980

1. PLACE OF DEATH:

(a) County ~~St. Louis~~ -

(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:
Jewish Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks..
(Specify whether
In this community 7 weeks..
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 909

(a) State Illinois. (b) County St. Clair 11

(c) City or town East St. Louis - N.R. 0
(If outside city or town limits write "RURAL")

(d) Street No. 1529 North 49th Street .. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Chas. E. Browning.....

3. (b) If veteran, name war No.

3. (c) Social Security No. None..

4. Sex Male. 0

5. Color or race White.

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

6. (b) Name of husband or wife None..

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

7. Birth date of deceased June 29th 1884..
(Month) (Day) (Year)

8. AGE: Years 57 | Months 3 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Litchfield - Ill., 1
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Live Stock Business.

FATHER
12. Name Rufus W. Browning....
13. Birthplace Ohio. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Larkin.
15. Birthplace No Record. Vermont. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Browning
(b) Address East St. Louis Ill.

17. (a) Removal. (b) Date thereof 10-8- 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemty.,

18. (a) Signature of funeral director G. W. Brechler Jr.
(b) Address East St. Louis, Ill.

19. (a) OCT 6 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th -
year 1941... hour 8 minute 20 P M.

21. I hereby certify that I attended the deceased from June 20
, 1941, to Oct. 5, 1941, 19 ;
that I last saw him alive on Oct. 5, 1941, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic cardio vascular disease with hyper-tension	
Due to	5 yrs
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 Peter Fiskolski (M. D. or other)
Address 462 N. Taylor Ave. Date signed

(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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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.