

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39397
State File No. 0
Registrar's No. 2563

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(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 Adm. Oct. 17, 1941.
In this community Unknown.
years, months or days

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")
(d) Street No. 2909 Michigan Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert S. Brown
3. (b) If veteran, name war World War
3. (c) Social Security No. Yes - not remembered

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 15th
year 1941 hour 11:25 minute 2 M.
21. I hereby certify that I attended the deceased from Oct. 17, 19 41 to December 15, 19 41
that I last saw him alive on December 15, 19 41
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive - years

Immediate cause of death Ulcer, duodenal, with hemorrhage.
Duration Unknown

7. Birth date of deceased September 18, 1892
(Month) (Day) (Year)
8. AGE: Years 49 Months 2 Days 27
If less than one day hr. min.

Due to -
Due to -
Other conditions None.
(Include pregnancy within 3 months of death)

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

10. Usual occupation Pressman

11. Industry or business Blackwell & Wielandy Sta. Co.

12. Name Fred Brown
13. Birthplace Massachusetts
(City, town, or county) (State or foreign country)

14. Maiden name Annie Wilhelm
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) Burial (b) Date thereof Dec. 18, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
(d) Signature of funeral director C. H. Pfeiffer W. L. Co.

(b) Address 7814 S. Broadway

19. (a) DEC 16 1941 (b) E. H. McFarland
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations -
Of autopsy Autopsy performed. See cause of death.

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?

While at work L. M. Cochran
(Specify type of place) (e) Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 12/15/41

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

MOTHER FATHER

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 *Louis C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broad*

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.