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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3458

Primary Registration District No. 200

Registrar's No. 247

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 1/10/42
(Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0

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

(d) Street No. 221 So. Jefferson Avenue
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME John Brown

3. (b) If veteran, name war World War 1918

3. (c) Social Security No. 487-14-0170

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Nannie

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

7. Birth date of deceased March (Month) 12, (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	10	18	hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

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

MOTHER
14. Maiden name Lillie Brown
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Alice Selvaggi

(b) Address Acting Clinical Clerk, VAF, J.B., Mo.

17. (a) Removal (Burial, cremation or removal) (b) Date thereof 9/2, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Meridian Miss

18. (a) Signature of funeral director DUNN.

(b) Address 216 So Jefferson

19. (a) FEB 2 1942 (Date received local registrar) (b) E. W. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th, year 1942 hour 6:10 minute a. M.

21. I hereby certify that I attended the deceased from January 10, 1942 to January 30, 1942 that I last saw him alive on January 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage with residual hemiplegia, right	20 days
Due to and	
Nephritis, chronic, with	
Due to nitrogen retention.	Unknown

Other conditions Arteriosclerosis, generalized. Unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy Autopsy refused.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (e) Means of injury

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

Address Chief Medical Officer Date signed 1/30/42

(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~~ .....

..... ~~Registered Apprentice No.~~ .....,

~~working under my personal supervision.~~

Signed. S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.