

FILED MAR 17 1942
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether
In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1926a Belle Glade Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

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

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

4. Sex **Male** 2-5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **9**

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

7. Birth date of deceased **December 24th, 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 8 hr. min.

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

10. Usual occupation **Clothes-Cleaner-retired**

11. Industry or business.....

12. Name **Albert Brown**

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

14. Maiden name **Mary Kelly**

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

16. (a) Informant **Mary Lou Strother**

(b) Address **4558 Aldine Ave.**

17. (a) **Burial** (b) Date thereof **2-5-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave. St. Louis.**

19. (a) **FEB 3 1942** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **1**,
year **1942** hour **3** minute **05 A.** M.

21. I hereby certify that I attended the deceased from **January 18**,
1942 to **February 1**, **1942**
that I last saw him alive on **February 1**, **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** Duration **Unknown**

Due to.....

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?

While at work?..... (Specify type of place) (e) Means of injury **8**

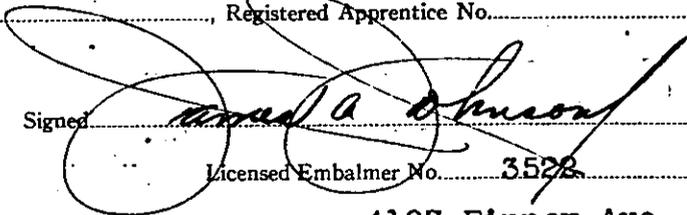
23. Signature **J. W. Johnson** (M. D. or other)

Address **2601 Whittier** Date signed **2/2/42**

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.....

..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed 

Licensed Embalmer No. 3522.....

P. O. Address 4107 Finney 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.