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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41852

State File No. 0

Registration District No. 784 FILED JAN 15 1943

Primary Registration District No. 200

Registrar's No. 2721

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 Adm. Dec. 4, 1942. (Specify whether In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

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

(d) Street No. 218 S. 4th Street (If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME John G. Brown

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

3. (c) Social Security No. 493-20-2205

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased Aug. (Month) 26, (Day) 1892 (Year)

8. AGE: Years 50 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business -

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

MOTHER
14. Maiden name Catherine Dorgan
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 24-42 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C. Hoffmeister U&L Co

(b) Address 7814 S. Broadway

19. (a) DEC 23 1942 (Date received local registrar) (b) C. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th, year 1942 hour 2:15 minute p. M.

21. I hereby certify that I attended the deceased from December 4, 1942 to December 20, 1942 that I last saw him alive on December 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, bronchial, lower lobes, bilateral, no type.	Unknown
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death): Nephritis, chronic, with nitrogen retention.	Unknown

Major findings: Of operations -

Of autopsy No 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) 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 (Specify type of place) Means of injury

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

Address Chief Medical Officer. Date signed 12/21/42

(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 Louis C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.