

FILED FEB 15 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
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. **6207 Coronado**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **William Thomas Brown**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**
 year **1943** hour **3** minute **30 P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **January 27, 1901**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 1 / 1942** to **January 18, 1943**; that I last saw him alive on **January 18, 1943** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
41 11 22 hr. min.

Immediate cause of death:
Secondary carcinoma of liver

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

Due to **Carcinoma of Bile Ducts**

10. Usual occupation **Engineer**

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

11. Industry or business **Bell Telephone Co.,**

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy **as above**
 Underline the cause to which death should be charged statistically.

12. Name **Adele Bischoff**
 13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
 14. ~~Married name~~ **Thos. B. Brown**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Adele Brown**
 (b) Address **6207 Coronado**

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.....

17. (a) **Burial** (b) Date thereof **1-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Parklawn**

18. (a) Signature of funeral director **Southern Funeral Home**
 (b) Address **6322 S. Grand Blvd.**

23. Signature **FR Bradley** (M. D. or other)
 Address **BARNES HOSPITAL** Date signed **1/19/43**

19. (a) **JAN 20 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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, fact should be so stated above.