V. S. No. 2
50M—5-42
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

82

State File No.

FILED FEB 1 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 620

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

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: Enroute to City Hospital #13
(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 100 12
(c) City or town St. Louis 21 9
(If outside city or town limits, write "RURAL")
(d) Street No. Alcazar Hotel-3127 Locust St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hugh Byron Browning

3. (b) If veteran, name war None

3. (c) Social Security No. 497-10-4260

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Browning

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) ? (Day) 1877 ? (Year)

8. AGE: Years 65 ? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Wood Turner

11. Industry or business Emil Granberg Company

FATHER
12. Name M. L. Browning
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Etta E. Smith
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Homer Jenkins
(b) Address East Alton, Illinois.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Palymra, Illinois.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JAN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 8 minute 25 AM.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Adhesive Pericarditis	
Due to: Chronic Hypertrophic	
Due to: Myocarditis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 1/21/43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.