S. No. 2
M—5-42
5-17-39
I X32873

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

State File No. 8123

FILED MAR 25 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2553

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 3 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. 1801 Franklin Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willie Brown

3. (b) If veteran, name war none

3. (c) Social Security No. 361-18-3031

4. Sex Male

5. Color or race Negro

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 February 5, 1929
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Newport Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George ~~Willie~~ Brown
13. Birthplace Ark.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Mayweather
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant S. M. Smith
(b) Address 2601 N. Whittier St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director Wm. E. Offen
(b) Address E St Louis Ill

19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1943 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from February 19, 1943 to March 14, 1943 that I last saw him alive on March 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 3/15/43

(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. 3-5-18

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.