

FILED JUN 4 1949  
318

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.

(c) Name of hospital or institution pronounced dead at  
4833a Delmar Blvd. City Hosp.

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 20 Years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME H. Frank Brown.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Genevieve Brown.

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

7. Birth date of deceased April 14 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 24 hr. min.

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

10. Usual occupation Optometrist.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant T. P. Brown.

(b) Address 7274a Lyndover Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-14-43. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 1 1949 (Date received local registration) (b) J. F. Brudeck (Registrar's signature)

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. 4833a Delmar Blvd. (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th  
year 1943 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis,  
Generalized Arteriosclerosis.

Due to [Signature]

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) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed 5/14/43

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**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

*Not embalmed*  
*Thomas L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2313 St. Louis av*

**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.**