

19438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6026

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 9 days
(Specify whether years, months or days)

In this community 30 years
(Specify whether 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. 4128 Finney Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Cornelius Brown

3. (b) If veteran, name war No

3. (c) Social Security No. 489-14-4481

4. Sex Male 5. Color or Race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 29, 1893
(Month) (Day) (Year)

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

49 6 29 _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business _____

12. Name Moses Brown

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

14. Maiden name Nannie Carr

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

16. (a) Informant Hattie St. Clair

(b) Address 4128 Finney Avenue

17. (a) Burial (b) Date thereof 7/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) JUL 1 1943 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28,
year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from May
19, 1943 to June 28, 1943;

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

Immediate cause of death Cirrhosis of Liver

Duration 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. E. Smith (M. D. or other) _____

Address 2601 Whittier Date signed 6/28/43

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

MOTHER FATHER

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 *P. M. Green*

Licensed Embalmer No. 1173

P. O. Address. 3517 Larchdale Ave

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.