

S. No. 2
DM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4930

FILED FEB 18 1944 18
Registration District No. 18

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1183

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; 4481a Forest Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4481a Forest Park (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5th
year 1944 hour 3:15 minute P. M.

3. (b) If veteran, name war none 3. (c) Social Security No. 491-05-0859

21. I hereby certify that I attended the deceased from 1-3-44 to 2-5-44 1944
that I last saw him alive on 2-4 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Brown. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 9th 1888
(Month) (Day) (Year)

Immediate cause of death
Myocardial Regurgitation
Secondary of Lower
Chronic Nephritis
Due to _____
Due to _____

8. AGE: Years 61 Months 27 Days 26 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) 1/24
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Chicago Heights Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Bar-tender

11. Industry or business _____

12. Name William F. Brown.

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

14. Maiden name Charlotte Fassett.

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

16. (a) Informant Mrs. Bessie Brown.
(b) Address 4481a Forest Park

17. (a) Burial (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Bld.

19. (a) FEB 7 1944 (Date received local registrar) J. F. Budech (Registrar's signature)

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) (a) Means of injury _____
23. Signature J. F. Budech (M. D. or other) MD
Address 1446 So. Grand Date signed 2-5-44

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

Dr. Robert B. DePew.
1446 So. Grand
GR. 7362
Hrs. 3-5 P.M.

1183

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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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, 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.