S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12594

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 33243

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: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME WARD ARTHUR BROWN
3. (b) If veteran, name war unknown
3. (c) Social Security No. 492-09-2463
4. Sex male
5. Color or race white
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Margaret Brown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 18 (Day) 1893 (Year)
8. AGE: Years 50 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Deluth, Minnesota. (City, town, or county) (State or foreign country)
10. Usual occupation manager-grain buying dep
11. Industry or business Ralston-Purina Co.
FATHER 12. Name Arthur E. Brown
FATHER 13. Birthplace Saginaw (City, town, or county) Michigan (State or foreign country)
MOTHER 14. Maiden name Celia E. Vokes
MOTHER 15. Birthplace Detroit (City, town, or county) Michigan (State or foreign country)
16. (a) Informant Mrs. Margaret Brown
(b) Address N. Geyer Road, St. Louis Co.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis
19. (a) APR 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1944 hour 3:05 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 23 1941 to April 9 1944 that I last saw him alive on Apr. 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Prostate with metastases to liver, spleen, & peritoneum — Duration 5 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation Carcinoma, liver, spleen & peritoneum.
Of autopsy Carcinoma liver spleen, prostate, peritoneum, lungs.

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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 Omar R. Sevin O. (M. D. or other) MD.
Address 4957 Maryland Date signed 4/10/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Omar R. Sevin
4952 Maryland Avenue.
RO-6585

1-3 P.M.

JAN 12 1949

APR 6 1951

OCT 10 1946

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.