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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16204

Registration District No. 318 Primary Registration District No. Registrar's No. 4494

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. LOUIS CITY HOSP O #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town ST. LOUIS 921
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 HOGAN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Roy. Brown

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife ELA

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

7. Birth date of deceased JANUARY (Month) 18 (Day) 1896 (Year)

8. AGE: Years 48 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business Mining Coal

FATHER
12. Name EDWIN UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name LOA LOUCKS
15. Birthplace Ill (City, town, or county) Illinois (State or foreign country)

16. (a) Informant James E. Brown
(b) Address U.S. Naval Receiving Sta New Orleans (Algiers) La

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof May 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation PORTAGEVILLE, MO

18. (a) Signature of funeral director C. HOFFMEISTER W+L Co.
(b) Address 7814 S. BROADWAY

19. (a) MAY 15 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Abscess of Lung - cause unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Alfred Perry (M. D. or other)
Address Deyrett Avon Date signed 5/15/44

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7227 Maryland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.