DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 195200

Registrar's No. 5465

**1. PLACE OF DEATH:**

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to Homer Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 100

(c) City or town St Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 N Taylor 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME George A Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race col

6. (a) Single, widowed, married, divorced 10

6. (b) Name of husband or wife

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

7. Birth date of deceased 3/7/1899 (Month) (Day) (Year)

8. AGE: Years 45 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace oswego (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Kansas Labor

11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Kansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Elivbath Robinson
15. Birthplace Boston County Tex (City, town, or county) (State or foreign country) 1

16. (a) Informant Mollie Betts
(b) Address 2933 Frankline

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oswego Kansas

18. (a) Signature of funeral director Pinkie L Toney
(b) Address 3129 Lucas

19. (a) JUN 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 13
year 1944 hour 1 minute 20 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.

| | Duration |
|---|---|
| Immediate cause of death | |
| Coronary Thrombosis | |
| Due to | |
| Due to 94a | |
| 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M.D. or other)
Address Deputy Coron Date signed 6/17/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNLADING DENSITY

## 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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19520

Registration District No. 218 | Primary Registration District No. 1003 | Registrar's No. 5464

**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:
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George A. Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 7 1899 (Month) (Day) (Year)
8. AGE: Years 45 Months 3 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June 3 year 1945 hour minute 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 — Duration
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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