DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19524

Registration District No. FILED JUL 13 1944 Primary Registration District No. 1003 Registrar's No. 5974

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: City Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)
In this community 5 mo 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1620 Dolman (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 27 (Day) 1944 (Year)
8. AGE: Years Months 5 Days 7 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name James Brown
13. Birthplace Noble (City, town, or county) Ark (State or foreign country)
14. MOTHER Maiden name Catherine La Rae
15. Birthplace Corning (City, town, or county) Ark (State or foreign country)
16. (a) Informant James Brown
(b) Address 1620 Dolman
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Corning Ark
18. (a) Signature of funeral director Howard & Rowland
(b) Address 4355 Washington
19. (a) JUL 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1944 hour 5 minute P 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 Second Degree Burns of 50 Per cent of Body when a Coal oil cook stove exploded
Due to in the home at 1620 Dolman St Around 1205 Pm July 3 - 1944
Due to Damage to Building $500.00 Contents $500.00
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) Accident MO
(b) Date of occurrence 7-3-44
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Burns
23. Signature Thomas J. Allard (M.D. or other)
Address Deputy Coroner Date signed 7-5-44

(Licensed Embalmer's Statement on Reverse Side)

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

Emb Sep Cert to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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