

FILED NOV 1 1944
318

Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 9 days
(Specify whether
 In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME William Brown

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Brown 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years About 76 Months Days If less than one day
 hr. min.

9. Birthplace Mobile Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Continental Cleaning Co.

MOTHER FATHER

12. Name Sam Brown

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

14. Maiden name Emerline Thomas

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

16. (a) Informant 4311 Garfield Ave
 (b) Address Burial (c) Date thereof Oct 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Seal Und Co.

(b) Address 2726 Ingers Ave.

19. (a) OCT 25 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4311 Garfield
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
 year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 11, 19 44 October 20, 19 44
 that I last saw h im alive on October 20, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease Unk.
 Duration

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 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.....

3. Signature Elva Moser (M. D. or other)
 Address Abol, Wheeler Date signed 10/24/44

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address #1154 Bayard Ave

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.