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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 39199

Registrar's No. 10501

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:
4324 Hartford St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4324 Hartford St
(If rural, give location)

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

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3. (a) PRINT FULL NAME Joseph F Brown

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara A

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

7. Birth date of deceased MAR (Month) 12 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Iron Molder

11. Industry or business Busch Diesel Retired 17 Yrs

MOTHER FATHER

12. Name Unknown Brown

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Clara Brown

(b) Address 4324 Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 11 (Day) 44 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) DEC 9 1944 (Date received by local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 12.45 AM minute M.

21. I hereby certify that I attended the deceased from June 1st, 44, 19, to Dec. 8th 44, 19; that I last saw him alive on Dec. 7th 1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Carcinoma of rectum, inoperable.

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations Inoperable carcinoma of rectum.

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 0

23. Signature Warren G Marston (M. D. or other)

Address 607 N Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARSTON

Dr Marston

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.