

FILED DEC 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town. 2227 Rear Cole, Street, St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2227 (rear) Cole St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri.
(a) State. (b) County.
(c) City or town. St Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2227 Rear, Cole,
(If rural, give location)
(e) Citizen of foreign country? XX or No.
If yes, name country.

3. (a) PRINT FULL NAME

Joshua Brown.

3. (b) If veteran, name war.

W.W.NO.2.

3. (c) Social Security No.

357-09-1695

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife. Mary Bell Brown.

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. June (Month)

14th (Day) 1910. (Year)

8. AGE:

Years 34 Months 5 Days 25 If less than one day hr. min.

9. Birthplace

Madison, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation

Laborer Foundry,

11. Industry or business

Foundry Industry

MOTHER FATHER { 12. Name

Leonard Brown,

13. Birthplace

Mississippi. (City, town, or county) (State or foreign country)

14. Maiden name

Any Weatherspoon, (City, town, or county) (State or foreign country)

15. Birthplace

Mississippi. (City, town, or county) (State or foreign country)

16. (a) Informant

Mary Bell Brown

(b) Address

2227 Rear, Cole, Street,

17. (a)

Burial

(b) Date thereof

12-15-44 (Month) (Day) (Year)

(c) Place of burial or cremation

National Cem try Jefferson Barracks,

18. (a) Signature of funeral director

2812 Thomas, St, St Louis, Mo

(b) Address

DEC 13 1944 J. F. Bruseck

19. (a)

(Date received local registrar)

(b) 1944

(Registrar's signature)

20. DATE OF DEATH: Month Dec day 9th, year 1944. hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 9 - Dec 9, 1944 to Dec 9, 1944 that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death. arteriosclerosis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

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?

23. Signature J. R. Dickson (M. D. or other)
Address 2601 A. Dickson, St, Date signed 12/11-44

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

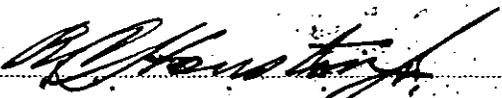
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....


Licensed Embalmer No. **266.**

P. O. Address. **2812 Thomas, St Louis, Mo**

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.