

FILED DEC 27 1948 18

Registration District No.

Primary Registration District No.

1003

Registrar's No. 10722

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 22
(d) Street No. 812 Hickory St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th
year 1944 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from 12/11/44
19... to Dec. 15th 19 44
Dec. 15th 19 44

that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Generalized arteriosclerosis
Duration

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

Major findings:
Of operations.....
Of autopsy refused JP
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.....
Signature J. D. Leary Jr. (M. D.) 12/14/44
Address 1515 Lafayette Date signed

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 white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Brown
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 19, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 26 hr. min.

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

10. Usual occupation Box Worker

11. Industry or business.....

MOTHER FATHER
12. Name George Brown
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Brown
(b) Address 812 Hickory St.
17. (a) Burial (b) Date thereof 12/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery
Weick Bros.

18. (a) Signature of funeral director.....
(b) Address 2201 S. Grand Bl.
19. (a) DEC 16 1944 (b) J. F. Predegg
(Date received local registrar) (Registrar's signature)

DEC 16 1944

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Wain G. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.