

#37813

S. No. 2

1-8-13

5-17-39

PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

95

FILED JAN 31 1945

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

632

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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. Starloff
 (If not in hospital or institution, write street number or location) Memorial
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether _____)
 In this community _____
 years, months or days) 0

3. (a) PRINT
FULL NAMEThomas F. Brown3. (b) If veteran,
name war _____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 Blanche Brown
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Nov. 1 1875
 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Conductor Street Car11. Industry or business Retired12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Blanche Brown(b) Address 3845 Lee Ave.17. (a) Burial (b) Date thereof 1-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation National Club - Jefferson Barracks18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) JAN 22 1945 (b) J. F. Bradock
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 19
 (d) Street No. 3845 Lee Ave.
 (If rural, give location) 10
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
 year 1945 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 1/16/45
 19____ to 1/19/45 19____;

that I last saw him alive on 1/19/45 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions Broncho pneumonia
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature E. W. Cochran (M. D. or other) _____Address 1515 Lafayette Date signed 1/19/45

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

MOTHER FATHER

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4837*

P. O. Address *St. Louis*

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.