S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11049

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3676

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)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Unknown
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")
(d) Street No. 4340a Fairfax
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Brown
3. (b) If veteran, name war ---
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie O Brown
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased December 21 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	4	0	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Laclede Gas Company
FATHER
12. Name Berrman Brown
13. Birthplace Unavilablee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine --?
15. Birthplace Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant Jennie L. Brown
(b) Address 4340a Fairfax
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) APR 25 1945 (Date received local registrar) (b) J. F. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21, year 1945 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 19, 1945 to April 21, 1945 that I last saw him alive on April 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive degenerative heart disease with decompensation	Unk.
Due to	
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature B. F. Murphy (M. D. or other)
Address 660 Whittier Date signed 4/23/45

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.