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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 3 1945
818

Primary Registration District No. 1003

Registrar's No. 6650

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-12-44 to 7-28-45 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Nagel Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM J. BROWN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

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

7. Birth date of deceased December 9 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation painter

11. Industry or business _____

12. Name John Brown

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Cannon

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. N. Zeller

(b) Address 110 Nagel Avenue

17. (a) burial (b) Date thereof 7-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd

19. (a) JUL 30 1945 (b) J. J. Malcom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-12-44 to 7-28-45, 19____; that I last saw H.M. alive on 7-28-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Dilatation of heart due to pulmonary disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 45 3

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Herbert C. Fritz M.D. (or other) _____

Address: 1515 Lafayette Date signed 7-28-45

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 Vigil L. Berryman
Licensed Embalmer No. 4018
P. O. Address 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.