V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35087

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10523

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Barnes Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 19 days

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Kentucky (b) County Henderson

(c) City or town Henderson (If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 (If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)

If yes, name country

999 NR

3. (a) PRINT FULL NAME Stonewall J. Brown

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February (Month) 28 (Day) 1897 (Year)

8. AGE: Years 48 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name Joseph S. Brown

13. Birthplace Breckenridge Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER 14. Maiden name Catherine Pardon

15. Birthplace Henderson County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Preston Brown

(b) Address Route # 1, Henderson, Ky.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) DEC 4 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1945 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11-12, 1945 to 12-1, 1945 that I last saw h. alive on 12-1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

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 F R Bradley (M. D. or other)

Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

10523

10523

DEC 19 19[illegible]

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.