

No. 2
M-5-43
5-17-39
1 X38671

FILED FEB 13 1946
318

Registration District No. _____ Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
4059a Cleveland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4059a Cleveland
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Millard F. Brown

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Melissa Brown 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October 14, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

94	3	15	hr. _____ min.
----	---	----	----------------

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

10. Usual occupation Store keeper for Terminal RR

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Brown

{ 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jane Brown

(b) Address 4059a Cleveland Ave.

17. (a) Removal (b) Date thereof Feb. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coulterville, Ill.

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington-8-

19. (a) JAN 20 1946 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1946 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Sclerosis

Due to Arteriosclerosis

Due to 94

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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)

(a) Means of injury _____

23. Signature Arthur E. Dyer (M. D. or other) _____

Address Rly. Av. Date signed 1/10/46

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

2840

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 *Philip M. Lewis*.....

Licensed Embalmer No. *3281*.....

P. O. Address. *4468 Washington-8¹*.....

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.