S. No. 2
M—2-43
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1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21265

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1280

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hrs. 15 min. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town WELLSTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6211a WELLS AVE. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY BROWN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 2

5. Color or race COLORED

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

6. (b) Name of husband or wife MARY ISADORE BROWN

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

7. Birth date of deceased AUGUST (Month) 30 (Day) - 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	9	hr. min.

9. Birthplace ST. GENEVIEVE (City, town, or county) MO. (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MAE DUFF - DAUGHTER

(b) Address 6211a WELLS AVE - WELLSTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 (Month) - 14 (Day) - 46 (Year)

(c) Place: burial or cremation WASHINGTON PARK, CEM

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St.

19. (a) 6-13-46 (Date received local registrar) (b) E. G. McGavran MD. JS. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9th year 1946 hour 8 minute 20 a. M.

21. I hereby certify that I attended the deceased from JUNE 8, 1946, to JUNE 9, 1946 that I last saw him alive on JUNE 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Generalized~~ Myocardial failure

Due to Senility and Generalized arterio-sclerosis

Due to

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Paul B. Watterott (M. D. or other) MD

Address St Louis County Hosp Date signed 6/9/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.