. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24870

FILED AUG 7 1946

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1583

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town ~~7003 Page Ave.~~ St Louis ~~Mo~~ Willston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7003 Page
(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 Mo (b) County St Louis
(c) City or town Willston
(If outside city or town limits, write "RURAL")
(d) Street No. 7003 Page
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mr CARY. B. Brown

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
82	82	11	18	..... hr. ..... min.

9. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name John Reynolds
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Reynolds
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant George W Brown
(b) Address 2354 Wallis ave.

17. (a) Laurel Hill (Burial, ~~cremation, or removal~~) (b) Date thereof July 31, 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Laurel Hill Cemetery

18. (a) Signature of funeral director Shepard
(b) Address 1167 Hamilton

19. (a) 7-30-46 (Date received local registrar) (b) E G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 46 hour 8 minute 10A M.

21. I hereby certify that I attended the deceased from 10-23, 1942 to 7-29, 1946
that I last saw him alive on 7-27, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	7-27-46
Due to Hypertention Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 d

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) no
(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 James A Forsen (M. D. or other) MD
Address 3903 Olive Date signed 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

707

8-5-46.

AUG 7 1946

J. Forsen MD
Wald Bldg

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.

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(b) City or town St Louis ~~Mo~~ Wilston
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(c) Name of hospital or institution: 7003 Page
(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 Mo (b) County St Louis
(c) City or town Wilston
(If outside city or town limits, write "RURAL")
(d) Street No. 7003 Page
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr CARY. B. Brown
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~
6. (b) Name ~~of husband or~~ wife Mary Knox Brown
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE:	Years	Months	Days	If less than one day
82	82	11	18	hr. min

9. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business John Fleming Brown
FATHER
12. Name ~~John Reynolds~~
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ~~Anna Reynolds~~ Ann E. Reynolds
15. Birthplace Virginia (City, town, or county) (State or foreign country)
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Due to Hypertention Chronic Myocarditis	
Due to 93 d	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy Items #12 & 14 corrected by affidavit of Funeral Director 6-2-67	

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) no
(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 James A Forsen (M. D. or other) MD
Address 3903 Olive Date signed 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

707

JUN 2 1967