

State File No. _____

Registrar's No. **6481**

FILED AUG 31 1946
 Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (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
Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4010 Olive Street
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME TUDOR BROWN
 3. (b) If veteran, name war no
 3. (c) Social Security No. 493-05-8541

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 1881
 (Month) (Day) (Year)
 8. AGE: Years 65 Months 4 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Actor

11. Industry or business _____
 12. Name Charles H. Brown
 13. Birthplace Richmond Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Ragg
 15. Birthplace Mobile Alabama
 (City, town, or county) (State or foreign country)

16. (a) Informant Hobtense Brown
 (b) Address 4010 Olive Street

17. (a) Burial (b) Date thereof 7/24/1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Wagoner Mortuary
 (b) Address 4161 Lindell Blvd

19. (a) JUL 23 1946 (b) J. F. Budeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21
 year 1946 hour 5:20 minute A M.
 21. I hereby certify that I attended the deceased from July 16
 _____, 19 46 to July 21, 19 46
 that I last saw him alive on July 21, 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized peritonitis
 Due to Rupture of ulcer of sigmoid colon

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 12/9

Major findings:
 Of operations _____
 Of autopsy _____
 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) _____ (e) Means of injury _____

23. Signature W. H. Fitzgerald (M. D. or other) _____
 Address 1515 Lafayette Avenue Date signed 7/22/46

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

203942

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address. 416 1/2 Luedell Blvd

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.