

No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. **25092**
Registrar's No. **6041**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Yrs. 4 Mo. 23 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME WILLIAM ALLEN 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 Married
6. (b) Name of husband or wife Gora 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 9 If less than one day hr. _____ min.

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

10. Usual occupation Nil CIRCULATION DEPT.

11. Industry or business POST DISPATCH

12. Name Frank Brown

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

14. Maiden name Elizabeth Allen

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) CREMATION (b) Date thereof 7 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director KRIEGSHAUSER UND CO.
(b) Address 4228 SO. KING HIGHWAY BL.

19. (a) JUL 9 1946 (b) J. F. Br...
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 Arsenal
(If rural, give location) 5800 Arsenal
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8,
year 1946 hour 9:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from July 2,
1945 to July 8, 1946
that I last saw him alive on July 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 2 days.
Due to Cerebral Arteriosclerosis
1944 Plus.

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

Major findings: Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(c) Means of injury 2
23. Signature Palmer Prudence Bowditch (M. D. or other)
Address 5600 ARSENAL ST. Date signed 7-8-46

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

23943

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 *Richard W. Storrsand*

Licensed Embalmer No. *4007*

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.