

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED OCT 16 1946** THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

34734 ✓

State File No. \_\_\_\_\_  
Registrar's No. 2081

Registration District No. 37 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 8-24-46  
In this community 53 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 022  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 4262 Delmar Blvd.  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BROWN, Dave Marion  
3. (b) If veteran, name war Spanish American  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 4, year 1946 hour 6:50 minute \_\_\_\_\_ P. M. P

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

21. I hereby certify that I attended the deceased from July 24, 1946 to October 4, 1946, that I last saw him alive on October 4, 1946 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 29, 1881  
(Month) (Day) (Year)

Immediate cause of death CARCINOMA, URINARY BLADDER  
Duration UNK.

8. AGE: Years 65 Months 4 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to CONTRIBUTORY: HEART DISEASE, CORONARY ARTERIOSCLEROTIC, WITH NO DEMONSTRABLE LESIONS, MANIFESTED BY ARRHYTHMIA  
Other conditions (Include pregnancy within 3 months of death) 528  
Duration UNK.

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

Other conditions (Include pregnancy within 3 months of death) 528

10. Usual occupation None

Major findings: Of operations No Operation  
PHYSICIAN \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy Autopsy performed (See cause of Death)  
Underline the cause to which death should be charged statistically.

12. Name Unknown  
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 Registrar, Vet. Adm. Hosp.  
(b) Address Jeff. Bks., Mo.

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation National Cemetery  
18. (a) Signature of funeral director Gates Funeral Home  
(b) Address St. Louis, Missouri

While at work? L.E. Stilwell (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature L.E. STILWELL, M.D. (M. D. or other) \_\_\_\_\_  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 10-5-46

19. (a) 10-8-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DEC 9 1946

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  
Thomas J. Gates, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Thomas J. Gates*

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

**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.**