

S. No. 2
M-8-13
S-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42196

State File No. _____

FILED DEC 17 1946

Registrar's No. 10377

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3936a Botanical Ave
(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 Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3936a Botanical Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Browning

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec. day 3
 year 1946 hour 3 minute 15 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

21. I hereby certify that I attended the deceased from Dec 1 1946 to Dec 2 1946
 that I last saw him alive on Dec 3 1946
 and that death occurred on the date and hour stated above.

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

Immediate cause of death _____
 Duration _____

7. Birth date of deceased: Jan 27, 1863
(Month) (Day) (Year)

Due to Chronic Myocarditis
hypertension

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

Due to Asteris Sclerosus

9. Birthplace Don't Know
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business Don't know

MOTHER FATHER {
 12. Name Don't Know
 13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Bessie Harget

(a) Accident, suicide, or homicide (specify) _____

(b) Address 3936a Botanical Ave

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Concordia Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Weick Bro. Und. Co.

While at work _____ (Specify place of place) (b) Means of injury _____

(b) Address 2201 S. Grand Bl.

23. Signature J. F. Brudeck (M. D. or other) _____
 Address 3012 Lafayette Date signed 12/4/46

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

41006

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.....

..... James R. Dunn, Registered Apprentice No. 403,
working under my personal supervision.

Signed *Sam A Stewart*

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.