

FILED JAN 16 1947

State File No. _____

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 21

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7046 FORSYTHE BLVD 1
(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. L
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7046 FORSYTHE BLVD 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WM. M. BROWNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 12-03-8618

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife JANE BROWNE 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased APR 19 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 15 hr. _____ min.

9. Birthplace LA GRANGE ILLS
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE SALESMAN

11. Industry or business

12. Name RUFUS BROWNE
13. Birthplace ? (City, town, or county) (State or foreign country)
14. Maiden name ?
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Browne
(b) Address 7046 Forsythe Blvd

17. (a) Burial (b) Date thereof 1-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WADENA MINN

18. (a) Signature of funeral director Louis K. Bupp, Inc
(b) Address Kirkwood Mo

19. (a) 1-8-47 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1947 hour 3:15 minute _____ A. M.
21. I hereby certify that I attended the deceased from July 1944 to Jan 47, 1947
that I last saw him alive on 11/4/46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 3 hrs

Due to Coronary Arteriosclerosis
Heart Disease
Due to 930

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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 plane) _____
While at work _____ (e) Means of injury _____

23. Signature John R. Bresie (M. D. or other) M.W.
Address 2648 Oakview Terrace Date signed 1/4/47

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

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..... *Felix Husard*.....

Licensed Embalmer No..... *3034*.....

P. O. Address..... *Kirkwood (22) Mo*.....

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.