

S. No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10602
3209
Registrar's No. _____

FILED APR 26 8 1947

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution _____
In this community 79 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2 (c) City or town St. Louis
(d) Street No. 4712 Siegel Memorial (e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BROWN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Hellie Johnson 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 10 - 10 - 1869

8. AGE: Years 78 Months 5 Days 14 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.

10. Usual occupation Produce Merchant

11. Industry or business Retired

12. Name Unknown

13. Birthplace "

14. Maiden name Unknown

15. Birthplace "

16. (a) Informant Hellie Brown

(b) Address 4712 Siegel

17. (a) Burial (b) Date thereof 3-27-47
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Henry L. Wideman

(b) Address 6203 Grobors

19. (a) MAR 26 1947 (b) J. F. Brecken

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1947 hour 9:40 minute P M.

21. I hereby certify that I attended the deceased from 2/26/47
to 3/24/47, 1947,
that I last saw him alive on 3/24/47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 9/8

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? _____

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

23. Signature W. M. Fitzgould (Specify type of place) _____
Address 1515 Lafayette (e) Manner of injury _____

Date signed M. 3/25/47

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

WMB

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 *John S. Pennehy*
Licensed Embalmer No. *4194*
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.