S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18650

Registrar's No. 5186

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: Bethesda Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Holcomb 0
(If outside city or town limits, write "RURAL")
(d) Street No.: NR 0 (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gene Brown
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: September (Month) 11 (Day) 1932 (Year)

8. AGE: Years 14 Months 8 Days 11 If less than one day hr. min. 1

9. Birthplace: Gibson (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: School Boy
11. Industry or business: Nil
FATHER
12. Name: James B rown
13. Birthplace: T enn 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Bell Northington
15. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: James Brown
(b) Address: Holcomb, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Campbell, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) MAY 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1947 hour 10 minute 45 a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary hemorrhage
Shock Blood transfusion
While undergoing a Tonsilectomy
Due to Pulmonary Tuberculosis
Duration
Date: May 22 1947
Location was in lungs, infectious
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Nil
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature: Arthur J. Perry (M. D. or other)
Address: Dep. Coroner Date signed 5/24/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.