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 DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39481

Registrar's No. 10295

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 802 N Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edward Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 2

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: abt - 67 Months: — Days: — If less than one day: hr. min.

9. Birthplace: Fla. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Jesse Brown
13. Birthplace: ~~Susie Brown~~ Fla. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Susie ?
15. Birthplace: Fla. (City, town, or county) (State or foreign country)

16. (a) Informant: Erlin M Sherard
(b) Address: 2601 Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: DEC 1 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Anatomical Board

18. (a) Signature of funeral director: H. F. Rowland
(b) Address: 4235 Washington

19. (a) DEC 1 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 19 year: 1947 hour: 4 minute: 05 P.M.

21. I hereby certify that I attended the deceased from Nov. 13, 1947 to Nov. 19, 1947 that I last saw him alive on Nov. 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	Undet.
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No

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

23. Signature: Oscar L Daniels (M. D. or other)
Address: 2601 N. Whittier Date signed: 11/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-34985

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.....

Licensed Embalmer No.....

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.