. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6125

Registrar's No. 2196

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: 5325 Theodosia 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5325 Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William C. Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anne L. Brown
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 25 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Self

FATHER
12. Name Charles H. Brown
13. Birthplace Mich.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Goodenough
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Anne Brown
(b) Address 5325 Theodosia Ave.
17. (a) burial (b) Date thereof 3-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 3 1948 J. F. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1
year 1948 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 1947, 19..., to Feb. 27 1948;
that I last saw him alive on Feb. 27 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis & Sclerosis	1 yr.
Due to: Chronic Interstitial Myocarditis	2 yrs.
Due to: General arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Francis J. Conzen (M. D. or other) M.D.
Address 462 N. Taylor Ave. Date signed March 3 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

462 N. Taylor Ave.
(1 to 3)

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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 Warren A. Carver

Licensed Embalmer No. 3534

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.