

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7339**  
Registrar's No. **400**

Registration District No. **249**

Primary Registration District No. **3064**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Ferguson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**# 15 Royal 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)

3. (a) PRINT FULL NAME **Harvey E. Brown**  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Regina M. Brown** 6. (c) Age of husband or wife if alive **81** years  
7. Birth date of deceased **May 25th., 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**84** **8** **16** hr. min.

9. Birthplace **Mo. O**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Consultant Engineer**

11. Industry or business

12. Name **Unk. Brown**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unk. Nugent**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Edna Ann Brown**

(b) Address **# 15 Royal Ave.**

17. (a) **Burial** (b) Date thereof **2-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **2-12-48** (b) **Beal**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis** **96**  
(c) City or town **Ferguson** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **# 15 Royal Ave.** **2**  
(If rural, give location) **0**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **14** year **1948** hour **14** minute **00** A. M.  
21. I hereby certify that I attended the deceased from **2-1-** 1948 to **2-11-** 1948  
that I last saw him alive on **2-11-** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 weeks**

Due to **Chronic myocarditis** 1942  
**Chronic hypertension** 1940  
**Arteriosclerosis** 1935

Other conditions (Include pregnancy within 3 months of death) **131**

Major findings: Of operations **no**  
Of autopsy **no**

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 place)  
While at work (c) Means of injury

23. Signature **Ray Johnson** (M. D. or other)  
Address **Ferguson** Date signed **2/14/48**

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

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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 W H Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**