No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13906

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4041

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Board Bar-cet Car~~ City Hosp. 3
(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 Missouri (b) County 060

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1076 S. Kinghighway 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chester W. Brown

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-7996

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 20 (Day) 1886 (Year)

8. AGE: Years 61 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Ironton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Worker

11. Industry or business

12. Name Walker Livingston

13. Birthplace Franklin Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Doty

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Brown

(b) Address 1076 S. Kinghighway

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec St.

19. (a) APR 29 1948 (Date received local registrar) J. L. Bradecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28 year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Mar 13, 1948 to Apr 28, 1948 that I last saw him alive on April 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	unk
Due to: Arteriosclerosis General	—
Due to:	
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? 6 (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert E Warner M.D. (M. D. or other)

Address 1115 Paul Brown Bldg Date signed Apr 29-48

Can by diff of Hist

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Paul Brown Bldg.
1-H-17-To-30-17. Thurs

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 1041

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Chester W. Brown, died ~~born~~ 4-28-48, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 17B should read 5-1-48
Instead of 4-1-48

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Wm. Schumacher — Son-in-law
Relationship.

3013 Meramec
Present Address.

Subscribed and sworn to before me this 11 day of May, 1948

My Commission expires 3-4-49. — Ella C. Paddock, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-13906