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 APR 30 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 113914

Registrar's No. 3838

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Bond 999
(c) City or town Greenville 11
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Brown, Joseph Marion
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 W
6. (b) Name of husband or wife Emma Jane
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) — 26 (Day) — 1868 (Year)

8. AGE: Years 80 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Mills Twp Bond Co Ill (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Robert Wilson Brown
13. Birthplace Bond Co Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Moore
15. Birthplace Bond Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Wm J Brown
(b) Address Cuba Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Ill
18. (a) Signature of undertaker Rowland Mortuary Service
(b) Address 4104 Manchester Ave
19. (a) APR 23 1948 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 19, 1948 to April 20, 1948, that I last saw him alive on 4/17/48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung abscess Non. T.B.	1 week
Due to: Septicemia pneumonia	1 week
Due to: Esophageal obstruction	
Due to: Diverticulum of Esophagus	22 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operation Confirmed above
Of autopsy Confirmed above

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 James L. Smith (M. D. or other)
Address 634 N. Euclid Date signed 4/20

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3838

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 Ronald J. Yahnke

Licensed Embalmer No. 3917

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.