

S. No. 300
 M-10-47
 Rev. 5-17-39
 I 3906

FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 17429
 Registrar's No. 5483

FILED JUN 12 1948

1003

Registration District No. 318

Primary Registration District No. _____

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

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:
3428 William Place
(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 _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3428 William Place
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Brown
 (b) If veteran, name war _____ (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 7. Birth date of deceased March 8, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 1,
 year 1948 hour 4 minute _____ P. M.
 21. I hereby certify that I attended the deceased from June 1, 1948 to June 1, 1948
 that I last saw him alive on June 1, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years <u>68</u>	Months <u>2</u>	Days <u>23</u>	If less than one day hr. _____ min. _____
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Immediate cause of death: Chronic Myocarditis Duration 6-7-47
 Due to arteriosclerosis 6-7-47
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Clerk
 11. Industry or business T.R.R.A.
 12. Name John Brown
 13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Adams
 15. Birthplace New Orleans, La
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Florence Lehberg
 (b) Address 3428 William Place
 17. (a) Burial (b) Date thereof 6/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Stroot - Carroli
 (b) Address 4600 Natural Bridge Ave
 19. (a) JUN 2 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

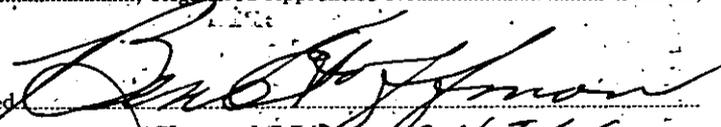
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work? _____ (e) Means of injury 6
 23. Signature W. H. O. (M. D. or other) W. H. O.
 Address 3802 N. Grand St. signed W. H. O.

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. 4366

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.