No. 2
-1/47-
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20703

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5481

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 one half Hrs (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 600

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

(d) Street No. 3627 Marshall Rd. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elmer E. Brown

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Rose A. Brown

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 21, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	3	24	hr. min.

9. Birthplace Grantsville Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Leather Worker

11. Industry or business

FATHER
12. Name Elijah Brown
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Layman
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Rose A Brown
(b) Address 3627 Marshall Rd

17. (a) Burial (b) Date thereof 6)18)48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.

19. (a) JUN 17 1948 (b) J. F. Breuch
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15, year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 14th, 1948, to June 15, 1948, that I last saw him alive on June 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	6 days.
Due to: Chr Myocarditis	5 yrs.
Due to: Senility	2 yrs
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 Maurice A. Diehr M.D. (M. D. or other)

Address 8924 St. Charles Rd. Date signed 6/17/1948

M.A. DIEHR St. Louis 14, Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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. Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10133 St. Charles

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.