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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20706  
State File No. 5642

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:  
St. Louis City Hospital Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community premature (Specify whether 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. 4121 Chouteau Ave.,  
Memorial (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Robert Lawrence Brown  
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 22nd  
year 1948 hour 6 minute 35 M.  
June 7th

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: June 7th, 1948  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22nd, 1948, to June 22nd, 1948  
that I last saw him alive on June 22nd, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death PREMATURITY Duration

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

Due to UNKNOWN CAUSE  
Due to

9. Birthplace St. Louis City Hospital (City, town, or county) (State or foreign country)  
10. Usual occupation Nil

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy PERMISSION DENIED

11. Industry or business  
12. Name Marvin Brown  
13. Birthplace Oklahoma (City, town, or county) (State or foreign country)  
14. Maiden name Helen Reeve  
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

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?  
While at work? (Specify type of place) (2) Means of injury

16. (a) Informant M. Renard  
(b) Address St. Louis City Hospital  
17. (a) BURIAL (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL AM CON  
18. (a) Signature of funeral director SULLIVAN  
(b) Address 2849 N. Euclid  
19. (a) JUN 23 1948 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

23. Signature Edward M. Parkin (M. D. or other) M. D.  
Address City Hospital 1515 Lafayette Date signed 23 June 48  
St. Louis, Mo.

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

MOTHER FATHER

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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..... *Not Embalmed* .....

Licensed Embalmer No.....

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.**