

FILED JUL 31 1948

Registration District No. 517

Primary Registration District No. 3063

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Clayton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Louis Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugene Brown  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race col.  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Assie  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-3-1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Franklin Co., Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation None

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name David Brown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Ray Dorothy Patterson  
(b) Address 440 E. Woodbrook  
17. (a) \_\_\_\_\_ (b) Date thereof 7-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Father's house  
18. (a) Signature of funeral director A. H. Wilton  
(b) Address 7707 S. Fredrick  
19. (a) 7-17-48 (b) Ray Dorothy Patterson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 440 E. Woodbrook  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month July day 13th  
year 1948 hour 13 minute 25AM.  
21. I hereby certify that I attended the deceased from July 9th, 1948, to July 13, 1948  
that I last saw him live on July 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma  
Due to Hypernephroma of kidney  
Due to S.2a  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (c) \_\_\_\_\_ (Type of injury)  
23. Signature A. H. Wilton (M. D. or other) \_\_\_\_\_  
Address 601 S. Brentwood Date signed 7/14/48

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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.....

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.**