FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27555

Registrar's No. 7169

WRITE PLAINLY—USING 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: State Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution over 1 yr. (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5400 Arsenal ST. 9
(If rural, give location)

13 0

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

If yes, name country

3. (a) PRINT FULL NAME SAM G. BROWN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 15 (Day) 1882 (Year)

8. AGE: Years 66 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Elkhorn (City, town, or county) Wisconsin 1 (State or foreign country)

10. Usual occupation Invalid

11. Industry or business

FATHER
12. Name John S. Brown
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Helen L. Young
15. Birthplace Elkhorn (City, town, or county) Wisconsin 1 (State or foreign country)

16. (a) Informant George A. Brown
(b) Address 2644 Greenleaf Ave. Chicago Ill.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bros. L & U. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) AUG 16 1948 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 9.50 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1, 1942 to August 14, 1948; that I last saw him alive on August 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Arteriosclerosis	6 yrs.x
Due to Generalized Arteriosclerosis	6 yrs.x
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
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 R. Hofmaller (M. D. or other M.D.)

Address 5400 Arsenal St. Date signed 8/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed 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.