S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30885

FILED SEP 20 1948 318

Registration District No. 1003

Primary Registration District No.

Registrar's No. 7867

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27hrs. 45 min. (Specify whether years, months or days)
In this community 24yrs.

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. 4066a Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Brownlee
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXXXXXXXXXXXXXXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased September (Month) 4 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	3 hr. 30 min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation XXXXXXXXXXXXXXXXXX
11. Industry or business XXXXXXXXXXXXXXXXXX
FATHER
12. Name Dale Addison Brownlee
13. Birthplace Artesia (City, town, or county) New Mexico (State or foreign country)
MOTHER
14. Maiden name Glenna Lou McCune
15. Birthplace Plato (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dale Brownlee
(b) Address 4066a Castleman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 7 1948 (Date received by local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1948 hour 10 00 minute A. M.
21. I hereby certify that I attended the deceased from Sept 4, 1948, to Sept 4, 1948, that I last saw him alive on Sept 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY	Duration 3½ hrs of life
Due to DELIVERY AT 6½ MO GESTATION	
Due to	
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 Dr. C. H. Lindemann (M. D. or other) M.D.
Address 4126 Shreve Ave. Date signed Sept 8 1948

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.

No Embalm

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.