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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31129  
State File No. \_\_\_\_\_  
Registrar's No. 8516

FILED OCT 9 1948 **318**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 112 1/2 6th St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Albert Andrew James (Brown)  
3. (b) If veteran no name war \_\_\_\_\_  
3. (c) Social Security No. 351-07-9842

4. Sex m. 5. Color or race w  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Lillian  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2 4 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Danville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Brown  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Richardson  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian James  
(b) Address Danville Ill

17. (a) Removal (b) Date thereof 10-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danville Ill

18. (a) Signature of funeral director Robert Motman, Svc  
(b) Address 7104 Manchester

19. (a) Sept 30-48 (b) J F Brodeur  
(Date (specify local registrar)) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 1/2 6th  
25 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1948 hour \_\_\_\_\_ minute 10 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death 121 Duration \_\_\_\_\_

Cirrhosis of Liver  
Chronic Interstitial  
Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions W.M.A.  
(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)  
(e) Means of injury 2

23. Signature Robert E. Taylor (M. D. or other)  
Address \_\_\_\_\_ Date signed 9/1/48

and from Anatomical 9/1/48 (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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ralph W. Jensen  
Licensed Embalmer No. 3791  
P. O. Address Othello, M.

**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.**