JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

43737
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11987

(c) City ST. LOUIS MO. (d) Street No. MISSOURI PACIFIC HOS. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elie Warren Brown

(a) Residence, No. 4141A Flad Ave St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write the word*): WIDOWER

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ WILLIE BROWN.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 25-1876

7. AGE: Years 61 | Months 2 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ICE. INSPECTOR.

9. Industry or business in which work was done, as saw mill, bank, etc. A.R. + T.R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) QUITMAN TEXAS. 2

FATHER

13. NAME John W. BROWN. 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS. 2

MOTHER

15. MAIDEN NAME MARY HACKEL.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS.

17. INFORMANT (ADDRESS) DOROTHY BROWN. 4141A FLAD AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST MARCUS CEM DATE DEC. 30 1930

19. FUNERAL DIRECTOR (ADDRESS) E. J. SCHNUR 3125 LAFAYETTE AV.

20. FILED DEC 29 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1937, to December 28, 1937. I last saw him alive on December 28, 1937. Death is said to have occurred on the date stated above, at 9:10 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with Multiple Metastases

Date of onset

Other contributory causes of importance:
Chronic Nephritis

Name of operation Exploratory Laparotomy Date of 12/22/37
What test confirmed diagnosis? ~~Exploratory~~ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) David A. Goldman, M. D.
(Address) Missouri Pacific Hospital St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-37 I X12004

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STATEMENT BY LICENSED EMBALMER

I, Joseph Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Vollmer

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Joseph Vollmer

Licensed Embalmer No. 4014

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.)