

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

4589
Do not use this space.

REC'D MAR 14 1938

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1003

1234

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 4411 Miami St. 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

Sim Y. Brown 650
 (a) Residence, No. 4411 Miami St. St. 16
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Leverman
 9. Industry or business in which work was done, as saw mill, bank, etc. Terminal R.R.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) Mo.

FATHER 13. NAME Elmer T. Brown

14. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary E. Bittick

16. BIRTHPLACE (CITY OR TOWN) Trenton (STATE OR COUNTRY) Mo.

17. INFORMANT Walter Brown (ADDRESS) 4007 Blaine Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Mo. DATE 2-5 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED J. Bredeck 19 2 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1938, to 2/2, 1938
 I last saw him alive on 2/1/38 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cardiomyelitis
9562
 Other contributory causes of importance: Acute Myocarditis
 Date of onset 1935
1/29/38

Name of operation none Date of
 What test confirmed diagnosis? Plu Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? no (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) J. M. ..., M. D.
 (Address) 3532 Washington
St. Louis Mo.

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.

FEB 2 1938

2 P. 111.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Edwin P. McDermott*

Licensed Embalmer No. *3024*

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.)