

REC'D MAR 14 1938

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

4652
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **S. Louis** (d) Street No. **City Hospital No. 1** Registered No. **1297**
(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

(a) Residence, No. **2425 North Prairie** St. **650**
(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 **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 8, 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
70 3 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

13. NAME **Henry Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Anna Woolcott**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

Hosp. Info M, Kent

17. INFORMANT (ADDRESS) **Emma Brown**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions Cemetery** DATE **Feb. 5th, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wrehmann Naval**
1905 Union Blvd

20. FILE **FEB 4 1938** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/2/38** 19..

22. I HEREBY CERTIFY, That I attended deceased from **1/17/38**, 19.. to **2/2/38**, 19..

I last saw **him** alive on **2/2/38**, 19.. Death is said

to have occurred on the date stated above, at **12.15m p**

The principal cause of death and related causes of importance were as follows:

Compensated lt. pleural cavity (non-tubercular) Date of onset

Other contributory causes of importance:

hemorrhagic epistaxis, cerebral

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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?.....

If so, specify (Signed) **L. P. Reh**, M. D.
(Address) **City Hospital**

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 *Elmer C. Drehermann*

Licensed Embalmer No. 3690

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.)