

REC'D MAY 10 1938

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

12910

Do not use this space.

3514

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St Louis (d) Street No. Christn Hospt 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

(a) Residence, No. 650 St. NR Long Beach Cal.
(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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1851		
7. AGE	YEARS 87	MONTHS I
	DAYS I	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation April 1938 and year	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galatia Ill.		
FATHER	13. NAME Nathan Brown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Te mn. Ill.	
MOTHER	15. MAIDEN NAME Evelyn Stone,	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,	
17. INFORMANT Mrs J B Woolard. (ADDRESS) 5338 Queens.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Los Angles Cal DATE 4-18-38		
19. FUNERAL DIRECTOR (NAME) Albert H Hoppe, (ADDRESS) 429 N Euclid.		
20. FILED APR 14 1938 JT Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-13-38**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **11:35** a.m.
The principal cause of death and related causes of importance were as follows:
**Fracture of Right Femur
Oedema of Lungs, suffered when depressed head struck to floor of train on which he was a passenger about 8:00 AM**
Date of onset
April 8-1938 Galatia near Middleboro Texas when train gave a sudden jerk. Road Island near Hill's Chapel of Galatia, Illinois

Other contributory causes of importance
April 8-1938 Galatia near Middleboro Texas when train gave a sudden jerk. Road Island near Hill's Chapel of Galatia, Illinois

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **4-13-38**
Where did injury occur? **Missouri Water Tank**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury.....
Nature of injury..... **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Joseph M. Quinn**
(Address) **Deputy Coroner**

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

Ray W Wilkerson

Licensed Embalmer No.....

3575

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, above space should be left blank.