

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15006
Do not use this space.

REC'D MAY 11 1938

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425
 (b) Township High-Ridge Primary Registration District No. 5680 Registered No. 11-66
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Horatio W. Brown 650

(a) Residence, No. High Ridge, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1851

7. AGE YEARS 86 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) South Norwalk
 (STATE OR COUNTRY) Connecticut

FATHER 13. NAME James Brown

14. BIRTHPLACE (CITY OR TOWN) xxxxxxx not known
 (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY) not known

17. INFORMANT Frank Brown
 (ADDRESS) High Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE April 16, 1938

19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois

20. FILED 4/15/38 James A. Lawrence
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1925, 1925, to April 14, 1938, 1938.
 I last saw him alive on April 14, 1938, 1938. Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset 4/9/38

Other contributory causes of importance:

Age

Name of operation none Date of _____
 What test confirmed diagnosis? Cholesterol or other to 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? _____ (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 no, M. D.

(Signed) W. Walton, M. D.
 (Address) Sancton, Mo

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

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.)