

REGD MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

4847  
Do not use this space.

1003

1540

*Ms. Recorder*

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City or St. St. Louis (d) Street No. 1505 Market St. St. 25  
(If death occurred in Hospital or Institution, write the 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 Frank S. Brown

(a) Residence, No. 1505 Market St. St. 25 (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 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 Maynie Brown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 4 26  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal  
9. Industry or business in which work was done, as saw mill, bank, etc. Worker  
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) Loogootee Ind.

13. NAME Stephen Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Elizabeth Leach

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

17. INFORMANT Maynie Brown (ADDRESS) 1505 Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loogootee Ind. DATE 2-18 1939

19. FUNERAL DIRECTOR (NAME) Thygeshauser Mortuaries (ADDRESS) 4228 So. Kings Highway

20. FILED FEB 17 1939 J. B. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above at 11 A.M.

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

Septic Pneumonia following fracture of Left Femur, suffered

Other contributory causes of importance: in some unknown manner on Loogootee Indiana on Jan 28-1939

Name of operation Open Fracture 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? Open Date of injury 1/28 1939

Where did injury occur? Loogootee Indiana (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 \_\_\_\_\_

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

(Signed) Alfred Perry (Address) Deputy Coroner

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.

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**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 Reinhold K. Lohman

Licensed Embalmer No. 3395

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.**