

REC'D MAY 10 1939

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

12788

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... | Registration District No. 791  
(b) Township..... | Primary Registration District No. 1003  
(c) City St. Louis | (d) Street No. City Hospital No. 1  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 3130

## 2. PRINT FULL NAME

D. 18897 650 John Brown  
2401 Elliott St. 20  
(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 m 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 May Brown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1893  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 1 7  
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. wpa  
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) Illinois13. NAME Asa Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Martha Chandler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Hosp. Info M. Kent  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Path. Cem. Jeff. Bausch DATE April 3, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Chudmeyer & Sons  
3934 N. 60 St20. FILED APR 3 1939 J. P. Bredner  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/39, 19...  
22. I HEREBY CERTIFY, That I attended deceased from 3/28/39, 19... to 4/1/39, 19...  
I last saw him alive on 4/1/39, 19... Death is said to have occurred on the date stated above, 8.05 Am.  
The principal cause of death and related causes of importance were as follows:

Lung Abscess (left) non-obe  
Pericarditis  
Bronchitis-pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? N. & P. 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? no  
If so, specify.....  
(Signed) William S. Sappin, M. D.  
(Address) City Hospital No. 1

**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, Myself

Ralph W. Chiedmeyer, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Ralph W. Chiedmeyer

Licensed Embalmer No. 2562

P. O. Address 3934 N. 20 St

**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.**