REC'D MAY 10 1938

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

791
1093

13205
Do not use this space.

3547

1. PLACE OF DEATH

(a) County ½ Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis Mo (d) Street No. Barnes. Hosp. 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 6 50 BROWN, EURA ELDER

(a) Residence, No. St. NR FARINA, ILLS RR#1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose P. Brown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Marion Co. Ill.

FATHER
13. NAME John Brown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Nancy Hollet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,

17. INFORMANT Rose P. Brown. (ADDRESS) Farina Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farina Ill. DATE 4/19/39. 19

19. FUNERAL DIRECTOR (NAME) A. H. Hoppe Inc. (ADDRESS) 4700 Washington Ave.

20. FILED APR 17 1939 J. E. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17- 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-13- 1939, to 4-17- 1939
I last saw him alive on 4-17-39 1939. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Retro-peritoneal tumor with ulceration through cardia of stomach.
localized peritonitis
malignant

Other contributory causes of importance:
Terminal broncho-pneumonia
Secondary anemia

Name of operation Date of
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? 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) Edward Marcel, M. D.
(Address) Barnes Hospital

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.

Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.