

MAY 10 1939

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

13514  
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, Mo.** (d) Street No. **1953<sup>a</sup> Alfred Ave.** St. **3856**  
(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

**65<sup>0</sup> Dick Brown**  
(a) Residence, No. **1953<sup>a</sup> Alfred Ave.** St. **17** (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Child</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 10 - 1933</b>		
7. AGE YEARS <b>6.</b>	MONTHS <b>2.</b>	DAY <b>14.</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, ..... hrs. or ..... min.
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) <b>St. Louis, Mo.</b>		
FATHER	13. NAME <b>Alfred B. Brown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Atlanta Georgia</b>	
MOTHER	15. MAIDEN NAME <b>Mary M. Dick</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>	
17. INFORMANT (ADDRESS) <b>Mrs. Mary M. Dick # 1953<sup>a</sup> Alfred Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>4 - 26 - 39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>C. R. LUPTON &amp; SONS, INC. # 7233 Delmar Blvd.</b>		
20. FILED <b>APR 25 1939</b> <b>J. F. Brubaker</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-24**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **4-20**, 19**39** to **4-24**, 19**39**  
I last saw h.m. alive on **12 Noon 4-24**, 19**39** Death is said to have occurred on the date stated above, at **1 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Staphylococcus septicaemia secunda to cavernous sinus thrombosis - abscess of lungs etc from septicaemia**  
Date of onset **4-20-39**

Other contributory causes of importance:  
**826**

Name of operation ..... 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? ..... 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) **J. P. Jaudon**, M. D.  
(Address) **328 North Euclid**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 9-10-38  
I X16603

# 25 K. Enfield  
Ms. 190 P. m.  
R. 0 - 1533

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis Mo.

**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.