

REC'D OCT 14 1939

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **1008**
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community 25 Years
(years, months or days)

3. (a) PRINT FULL NAME Richard Brown **650**
8. (b) If veteran, name war None 8. (c) Social Security No. unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 24, 1910
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Charleston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Check Clerk
11. Industry or business Truck Line

FATHER { 12. Name Andrew Brown
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Clara Howell
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Brown
(b) Address 405 W. Oak, Carbondale, Ill.

17. (a) Burial (b) Date thereof Sept. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. M. Murphy
(b) Address 2301 Lafayette

19. (a) SEP 19 1939
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")
(d) Street No. 2857 A Russell
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September Day 17,
year 1939 hour 3:50 minute A. M.
21. I hereby certify that I attended the deceased from September 14,
1939 to September 17, 1939
that I last saw him alive on September 17, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain - Non Malignant
Duration 2yr.?

Due to _____
Due to _____
Other conditions 5th d
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy Tumor of Brain
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Henry P. Florin (M. D. or other) 9/18/39
Address 1515 Lafayette Date signed _____

Rev. 5-17-39
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

L. R. Casper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.