

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

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

38484
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399

(b) Township Jackson / Primary Registration District No. 1602

(c) City St. Louis, Mo. / (d) Street No. Trinity Lutheran Hosp. Registered No. 4248

(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 Charles M. Brown

(a) Residence, No. rural St. Lafayette Co., Mo. (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 Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 7 6

OCCUPATION

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. Farmer

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) Mo.

FATHER

13. NAME H. W. Brown

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

MOTHER

15. MAIDEN NAME Manda Williams

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

17. INFORMANT (ADDRESS) Andrew Jenkins Bates City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE buried - been DATE 11/1-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zowicki Oak Grove Mo.

20. FILED Nov 7 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30/39

22. I HEREBY CERTIFY, That I attended deceased from Brown, 19....., 19.....

I last saw h..... alive on....., 19..... 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:

Laceration of Meridian with subcutaneous hemorrhage

Laceration of small intestine

Date of onset

Other contributory causes of importance: 186cc

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy? yes

23. If death was due to external causes (injury), fill in also the following: Accident, suicide, or homicide..... Date of injury 10/28/39

Where did injury occur? Kansas Avenue (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. superficial

Manner of injury fall into a gutter pit

Nature of injury fracture of femur

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

If so, specify.....

(Signed) [Signature] 4, M. D.

(Address) [Signature]

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,

Z. O. Webb

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Z. O. Webb

Licensed Embalmer No. *2352*

P. O. Address *Oak Grove, 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.