

JAN 12 1940 791

Registration District No. 1009

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10742

1. PLACE OF DEATH: 2

(a) County ST. LOUIS, MO

(b) City or town \_\_\_\_\_

(c) Name of hospital or institution:  
3041 EASTON AVE.

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO (b) County \_\_\_\_\_

(c) City or town ST LOUIS 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 EASTON AVE  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME COLLINS BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIVINA BROWN

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased APR. 14 - 1887  
(Month) APRIL (Day) 14 (Year) 1887

8. AGE: Years 52 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TALLAH L LOUISIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business GROCE

12. Name TARRY BROWN

13. Birthplace TALLAH L LOUISIANA  
(City, town, or county) (State or foreign country)

14. Maiden name VIVIAN BEAN

15. Birthplace LAKE PROVIDENCE, LOUISIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Winnie Brown

(b) Address 3041 Easton Ave

17. (a) Burial (b) Date thereof 12-16-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director G. L. Garner

(b) Address 2829 Washington Ave

19. (a) DEC 16 1939 (b) \_\_\_\_\_  
(Date of local registration) (Date of death)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 10th  
year 1939 hour 11 minute 58 P.M.

21. I hereby certify that I attended the deceased from Nov 10  
1939, to Dec 10, 1939;  
that I last saw him alive on Dec 10, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature James T. Welch (M. D. or other) \_\_\_\_\_

Address St Louis Date signed \_\_\_\_\_

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.

MOTHER FATHER

*See affidavit no 299 in file on identification  
of the body  
Wm. O'Connell*

**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 *me*

*Chas. Gaine*, Registered Apprentice No. *2349*  
working under my personal supervision.

Signed *Chas. Gaine*

Licensed Embalmer No. *2349*

P. O. Address \_\_\_\_\_

**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.**