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MAY 15 1940

791

Registration District No. 791

Primary Registration District No. 1003

State File No.

3085

Registrar's No.

1. PLACE OF DEATH:

(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 _____ (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Frank Cleveland Brown 650

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Minnie Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June ???
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 52??? hr. min.

9. Birthplace Grafton West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. R. Brown
18. Birthplace Grafton West Virginia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Annie Bailey
15. Birthplace Warrenton Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Merion Brown
(b) Address Texarkana Arkansas.

17. (a) Removal (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grafton West Virginia

18. (a) Signature of funeral director Albert H. Hoopes Inc
(b) Address 4700 Washington Blvd.

19. (a) APR 3 1940 (b) [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State West Virginia (b) County Taylor
(c) City or town Grafton NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1940 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Infarction;
Luetic Aortitis;

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (d) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 4-3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 1861

P. O. Address _____

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

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