S. No. 2
-11-10-39
5-17-39
P I X21492

6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19644

FILED JUN 10 1940

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1029

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bonfils
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Natural Bridge & St. Charles Rds.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether)
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 8827 Windom Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Durward S. Brown Jr. 650

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 7 (Day) 1923 (Year)

8. AGE: Years 16 Months 8 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Student 1

11. Industry or business Ritenour Hi School

FATHER
12. Name Durward S. Brown Sr. 0
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Genevieve Delaney
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Durward S. Brown Sr.
(b) Address 8827 Windom ave. Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Union Forest, Ill.

18. (a) Signature of funeral director Bluman Bros Inc.
(b) Address 2504 Woodson Rd. Overland Mo.

19. (a) MAY 29 1940 (Date received local registrar) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1940 hour 1 minute 15 P M.

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

Immediate cause of death Roller Coaster accident. Struck by roller coaster car in attempt of pushing the car to get it started. — Duration 3/28/40

Due to Fracture of the Skull 5/16/40

Other conditions Multiple fractures of all extremities
(Include pregnancy within 3 months of death)

Major findings:
Of operations 204 M
Of autopsy 40

PHYSICIAN
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) Accident
(b) Date of occurrence May 28, 1940
(c) Where did injury occur? Near Pattonville, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707 Amusement Park (Specify type of place)
While at work No (e) Means of injury Struck by Coaster

23. Signature John O'Connell (M. D. or other) 5
Address Coroner St. Louis Co. Date signed 5/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Earl L Hillman

Licensed Embalmer No. 3501

P. O. Address Oneiland 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.