

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1271

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Alsobrook
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME John Ernest Brownlee LS4

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race colored 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 June 13 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 21 hr. min.

9. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

12. Name Unknown Brownlee

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Estelle Brownlee

15. Birthplace Drew Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Brownlee
(b) Address 404 Alsobrook

17. (a) Removal (b) Date thereof 7-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director Wash. D.C. Dept.
(b) Address per Dr. J. J. ...

19. (a) JUL 8 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6-13-40
1940 to 7-4-40, 1940;

that I last saw him alive on 7-4-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia 7 mo.

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)
(e) Means of injury _____

23. Signature James ...
Address St. Louis Co. Hosp Date signed 7/6/40

Duration

7 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
22
22

FILED AUG 5 1940

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.....

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.