

No. 2
13-40
17-39
X23159

Registration District No. **781**

Primary Registration District No. **1003**

Registrar's No. **10639**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4335a Cook Ave. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Nelson H. Brown

3. (b) If veteran, name war None 3. (c) Social Security No. 709-09-5376

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

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

7. Birth date of deceased March 17th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 5 hr. min.

9. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Pullman Porter

11. Industry or business Pullman Company

12. Name Andrew Brown

13. Birthplace Unavailable N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Parthenia Bates

15. Birthplace Franklin Co. Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Thompson
(b) Address 4335a Cook Ave.

17. (a) Burial (b) Date thereof 12-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Bates
(b) Address 4107 Finney Ave.

19. (a) DEC 28 1940 (b) J. H. Bredeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 4335a Cook Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 22nd.
year 1940 hour 8:50 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from Dec 20
_____ 19 40 to December 22 19 40
that I last saw him alive on December 22nd, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation **1/4**
Duration _____

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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 J. H. Bredeck (M. D. or other) _____
Address 4270w Finney Ave. Date signed 12-22-40

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

MOTHER FATHER

2

40

STATEMENT BY LICENSED EMBALMER

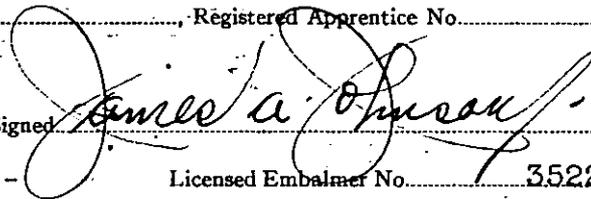
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.