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39
23199

DEAD MAY 13 1941

791

Registration District No. _____ Primary Registration District No. _____

1005

Registrar's No. **3171**

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:
Firmin Desloge Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **1318**
(d) Street No. 3533 Caroline Street
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James Edward Brown

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

4. Sex Male **0** 5. Color or race White 6. (a) Single, widowed, married, divorced Single **0**

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

7. Birth date of deceased March 29, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Kenneth Brown
13. Birthplace Murphysboro Ill. **1**
(City, town, or county) (State or foreign country)
14. Maiden name Helen Guetersloh
15. Birthplace Jacob Ill. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Brown
(b) Address 3533 Caroline St.

17. (a) Burial (b) Date thereof Apr. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) APR 12 1941 (b) J. H. Beider
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from MARCH 29
1941 to APRIL 11 1941.
that I last saw h.l.m. alive on APRIL 11 1941.

and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia

Due to 157
Due to _____

Other conditions PREMATURITY (7 mo)
(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) (c) Means of injury 0
(KREY)

23. Signature Joseph H. M. O'Neil (M. D. or other) **0**
Address 4132 S. Grand Date signed 4-11-41

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. *3737*

P. O. Address *1936 St. Louis*

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.