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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16222

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3740

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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:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1725
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Chestnut st.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Brown

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Patrick F. Brown

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 2 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	28	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick Carr
13. Birthplace (City, town, or county) 4/Ireland (State or foreign country)

MOTHER
14. Maiden name Ann O'Rourke
15. Birthplace (City, town, or county) 4/Ireland (State or foreign country)

16. (a) Informant Patrick F. Brown
(b) Address 509 Chestnut st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & E.C.
(b) Address 7814 S. Broadway

19. (a) MAY 1 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30, year 1941 hour 2:10 minute A.M.

21. I hereby certify that I attended the deceased from April 11, 1941 to April 30, 1941; that I last saw him alive on April 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis with	
Due to: heart disease	
Due to: arterio sclerotic heart disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Alive

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D.
Address 1515 Lafayette Avenue. Date signed 4/30/41

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lomay

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.