

No. 2
4-13-40
-17-39
X23159

STANDARD CERTIFICATE OF DEATH

30073

State File No. _____

791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7412

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME FRANK BROWN

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Kate 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 8 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jacob Brown

13. Birthplace Union Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Wallace

15. Birthplace Saratoga Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Brown

(b) Address Anna, Ill.

17. (a) Removal (b) Date thereof 9/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anna, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 13 1941 (b) J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Anna (If outside city or town limits, write "RURAL") N.R.
(d) Street No. _____ (If rural, give location) 2.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 12
year 1941 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 27, 1941, to SEPTEMBER 12, 1941, that I last saw him alive on SEPTEMBER 12, 1941, and that death occurred on the date and hour stated above.
Immediate cause of death UREMIA Duration _____

Due to GENERALIZED ARTERIOSCLEROSIS

Due to _____

Other conditions CARCINOMA OF STOMACH;
(Include pregnancy within 3 months of death)

HYPERTROPHY OF PROSTATE

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 X

23. Signature JR Bradley (M. D. or other) X

Address BARNES HOSPITAL Date signed 9-12-41

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 W W Wilkins

Licensed Embalmer No. 3575

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, fact should be so stated above.