

No. 2
1-4-41
17-39

DEPARTMENT OF THE CENSUS
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33063

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8017

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:
2907 Rutger Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2907 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1941 hour 4:45 minute _____ A.M. M.
21. I hereby certify that I attended the deceased from September
22nd 1941 to Aug. 6th 1941
that I last saw her alive on August 6th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Apoplexy
Duration 3 Wks.

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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) No
(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 A. W. R. Younger (M. D. or other) _____
Address 2316a Market St. Date signed 10/7/41

3. (a) PRINT FULL NAME William H. Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-12-0919

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

6. (b) Name of husband or wife Ida E. Brown 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 27th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 9 hr. _____ min.

9. Birthplace Clinton Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Chef-Cook

11. Industry or business Bridge-head Inn.

12. Name Albert Brown

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

14. Maiden name Mary Kelly

15. Birthplace Clinton Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ida E. Brown

(b) Address 2907 Rutger Street

17. (a) Burial (b) Date thereof 10/8/41
(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 E. Maney Ave.

19. (a) OCT 7 1941 (b) J. G. Buehler
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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

working under my personal supervision.

Registered Apprentice No.....

Signed *James A. Johnson*

Licensed Embalmer No. 3592

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.