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4-41
7-39
X26390

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8404

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:
3810 Indiana Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. 34 Years
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") 19
(d) Street No. 3810 Indiana Ave. (If rural, give location) 924
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward E. Brown

3. (b) If veteran, name war No 3. (c) Social Security No. 494-01-0198

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

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 28, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 24 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William Brown

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

14. Maiden name Margaret Davenport

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

16. (a) Informant Rose Brown

(b) Address 3810 Indiana Ave.

17. (a) Ship by Rail (b) Date thereof Oct-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hadgenville, Kentucky

18. (a) Signature of funeral director Heckler, Sebaste and + Cor 60

(b) Address 3634 Gravois Ave

19. (a) OCT 25 1941 (b) J. T. Bricker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 nd. year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1939 to Nov 22 1941
that I last saw him alive on Nov 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Hypertension
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy 47 a

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 0
23. Signature Robert Driscoll M.D. (M.D. or other)
Address 3707 Gravois Date signed _____

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

R

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..... *Robert Wheeler*

Licensed Embalmer No..... *2178*

P. O. Address..... *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.