

FILED FEB 24 1947 91

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs. (Specify whether
In this community 32 yrs. years, months or days)

3. (a) PRINT FULL NAME FREDRICK W. BROWN

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 10 (Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Labour

11. Industry or business Industrial Shoe Co.

12. Name KAGE Brown

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

14. Maiden name Maggie NELSON

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

16. (a) Informant HESTER Owens

(b) Address 4345 West Bell

17. (a) Burial (b) Date thereof 1-14-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Alvin Brod

(b) Address 3644 Parkway Ave

19. (a) JAN 13 1942 (b) J. T. Bredel (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4345 West Bell (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1942 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec. 3 1941, to Jan. 10th 1942
that I last saw him alive on Jan. 10th 1942
and that death occurred on the date and hour stated above

Immediate cause of death arteriosclerotic heart disease Duration

Due to

Due to

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Stomach

Of autopsy arteriosclerotic heart disease

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 ✓

23. Signature E. D. Johnson (M. D. or other) ✓

Address 3100 Lucas Ave Date signed

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

X25390
000

DOB 1/19/9

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.....

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address.....

3644 Finney Rd

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.