

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4147
1918

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

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:
1818 A. Ohio 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.....
years, months or days)

3. (a) PRINT FULL NAME Fred J. Brown

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

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

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

7. Birth date of deceased December 25 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Fred Brown

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

14. Maiden name Elizabeth Empson

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

16. (a) Informant Emma Brown

(b) Address 1818 A. Ohio Ave

17. (a) Burial (b) Date thereof March 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MD (b) J. F. Budack
(Date received final registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1818 A. Ohio Ave
(If rural, give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day March
year 1942 hour 6:55 minute A M.

21. I hereby certify that I attended the deceased from 11/20/41
1942 to 3/1 1942
that I last saw him alive on 3/1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
CARCINOMA (PRIMARY) Rt Lung 3 months
Duration 1 hour

Due to Chr. Myocarditis 2 years
Due to Chr. arthritis

Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
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 0

23. Signature Geo Simpson (M. D. or other) M.D.
Address 3739 Grandis ave Date signed 3/2/42

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

MOTHER FATHER

1111 9 1950

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 Frank J. Owens
Licensed Embalmer No. 2245
P. O. Address St Louis Mo

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.