S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8327

Registrar's No. 2357

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: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Paragould NR 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 321 So 2nd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David Manship Brougher

3. (b) If veteran, name war No

3. (c) Social Security No. 702-16-2674

4. Sex M

5. Color or race W

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 October (Month) 23 (Day) 1883 (Year)

8. AGE: Years 58 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Car Repairman

11. Industry or business Railroad

FATHER
12. Name Charles Cooper Brougher
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie Manship
15. Birthplace Jackson (City, town, or county) Miss (State or foreign country)

16. (a) Informant Mrs Louise Parker
(b) Address Memphis Tenn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 15 42 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director Robert J Ambrusta
(b) Address 6633 Clayton Rd

19. (a) MAR 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 3/14/42
year hour 9 45 minute a. M.

21. I hereby certify that I attended the deceased from 2-24-42, 19, to 3/14/42, 19;
that I last saw him alive on 3/14/42, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Paralysis of Insane	5 yrs.
Due to Cerebral thrombosis	2 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. A. Brake (M. D. or other)

Address Inv. Pacific Hosp Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 1994

P. O. Address Saint Louis Fl

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.