

7 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12454  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City ST. LOUIS (d) Street No. Missouri Baptist Hospital Registered No. 3685  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE FRANK BROWN

(a) Residence, No. 919-N-Taylor St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed - 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-21-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 5 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House man -  
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Baptist Hospital  
10. Date deceased last worked at this occupation (month and year) Mar-1942 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville - Ky -

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

15. MAIDEN NAME " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

17. INFORMANT (ADDRESS) Mrs. Mae E. Heston (friend)  
2239 - Casslow

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 4-25-42

19. FUNERAL DIRECTOR (ADDRESS) Bullen & Kelly  
1416 N. Taylor

20. FILED APR 25 1942  
J. J. Prudech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 - 1942

22. I HEREBY CERTIFY, That I attended deceased from 1-1-42 1942 to 4-23-42 1942. I last saw him alive on 4-23-42 1942. Death is said to have occurred on the date stated above, at 12:34 m.

The principal cause of death and related causes of importance were as follows:  
Myocardial Infarction; Coronary Occlusion  
Other contributory causes of importance: None

Name of Operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) R. K. Anderson, M. D.  
(Address) 4932 Mayland

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 7.  
SOM-7-20-37  
I - X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
L. E. *no Embalmer*  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Clement M. Murphy*  
Licensed Embalmer No. *3732*

**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.)**