

FILED MAY 4 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 922

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 1957 Gravois Avenue  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Peet Brown  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-01-8099

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 May 20 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman  
11. Industry or business Stationery & Printing  
12. Name Harry Brown  
13. Birthplace England  
14. Maiden name Clara Schrick  
15. Birthplace Germany

16. (a) Informant Walter H. Voss  
(b) Address 4127a Sacramento Ave  
17. (a) Burial (b) Date thereof Apr 27 '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem. Kraeger-Voss-Fix  
18. (a) Signature of funeral director Walter H. Voss  
(b) Address 3402 No. Kingshighway  
19. (a) APR 25 1942 (b) C. H. McParson MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1942 hour 6 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Jan 25 to April 24, 1942  
that I last saw him alive on April 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Asystole to mitral stenosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 H. E. Moore (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed April 25-42

Duration 7  
PHYSICIAN 3  
Underline the cause to which death should be charged statistically.

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

**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.....

*Ray W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**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.**