S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19413

State File No.

FILED JUN 29 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5254

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: 1113 Cockrill A ve., 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 19

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1113 Cockrill A ve.,
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Ben. P. Brown

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma J. Brown

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

7. Birth date of deceased Feb. 3, 1863.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	12	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Ben Brown Sr.

13. Birthplace Germany 5
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Brady

(b) Address 1113 Cockrill Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 17 1942 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 11.30 minute A.M. M.

21. I hereby certify that I attended the deceased from Jun. 15 1942, 19, to June 15, 1942 that I last saw him alive on June - 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to Senility

Due to 0

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

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature D. N. Hoyler (M. D. or other)

Address 4142 Enright Date signed 6/17/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Holmes W. Tyler
1142 Enright ave.
Fr. 6276

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 Wilford G Burnley

Licensed Embalmer No. 4207

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.