

FILED DEC 1 1942 818

Registration District No. Primary Registration District No. **1003**

Registrar's No. **9731**

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

100
17
9

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:
5838 Westminister Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Yrs.
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5828 Westminister Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George W Brown

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

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

6. (b) Name of husband or wife Alice Brown 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. 1 1860 (Month) (Day) (Year)

8. AGE: 81 Years 11 Months 12 Days 20 hr. min. If less than one day

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

10. Usual occupation Salesman

11. Industry or business S. S. Stein & Co. N.Y.

12. Name Samuel Brown

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

14. Maiden name Mariss - Unknown

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

16. (a) Informant Mrs. Mary Brown

(b) Address 5838 Westminister Pl

17. (a) Cremation (b) Date thereof 11-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) NOV 29 1942 (b) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21st year 1942 hour 9 minute 15 AM.

21. I hereby certify that I attended the deceased from Oct 1st 1942 to Nov 21, 1942; that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 17+
Due to Senile Changes
Atherosclerosis 7
Due to Ch

Other conditions Enlarged prostate
(Include pregnancy within 3 months of death)

Major findings: none made
Of operations none made
Of autopsy none made

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?.....

(Specify type of place) While at work? (c) Means of injury.....

23. Signature Joseph Davie (M. D. or other) Address 313 W. 9th Date signed 11-21-42

*P. Paul
Ch. Tully Ridge*

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: *Geo. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.