

FILED JAN 13 1943 818

Registrar's No. 10953

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 12805 Cass ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2805 Cass
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES BROWN
3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-6704

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26 year 1942 hour 11 minute _____ A.M.
21. I hereby certify that I attended the deceased from about 9 days about Nov 25 1942 to 12-26 1942 that I last saw him alive on 12-26 and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Henrietta Brown 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 29 (Month) (Day) (Year) 1875

Immediate cause of death Cerebral Pneumonia Lobar Duration _____
Due to neglect cold

8. AGE: Years 67 Months 6 Days 28 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (include pregnancy within 3 months of death) None

9. Birthplace Jenn (City, town, or county) (State or foreign country)
10. Usual occupation W.P.A.

Major findings: Of operations _____
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Wash Brown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Sarah
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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? _____

16. (a) Informant Henrietta Brown
(b) Address 2805 Cass ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature C. G. Pickett (M. D. or other) _____
Address 3529 Franklin Date signed 12-28-42

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave
19. (a) DEC 29 1942 (Date received local registrar) (b) J. P. Budek (Registrar's signature)

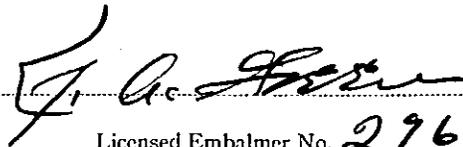
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....



Licensed Embalmer No. 2963

P. O. Address. 2913 Franklin

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.