

S. No. 2  
1-1.4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38540

State File No. \_\_\_\_\_

FILED DEC 15 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10250**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town 2710 N. Newstead, St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2710 N. Newstead  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 46 yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2710 N. Newstead  
(If rural, give location)  
(e) Citizen of foreign country? American Born (Yes or No)  
If yes, name country 0

000  
112  
119

3. (a) PRINT FULL NAME Rev. Robert Hasker, Brown.

3. (b) If veteran, name war no, 3. (c) Social Security No. 330-18-0160

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

6. (b) Name of husband or wife Gertrude Brown, 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 8th 1864.  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Maintenance-man.

11. Industry or business Granite City Steel Co.

MOTHER FATHER { 12. Name Robert Brown,

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

14. Maiden name Mary Gaines, (City, town, or county) (State or foreign country)

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

16. (a) Informant Gertrude Brown.

(b) Address 2710 N. Newstead, St. Louis, Mo.

17. (a) Burial (b) Date thereof 12/9/1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 2812 Thomas, St. St. Louis, Mo.

19. (a) DEC 9 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1942. hour 7: P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 10 1942 to Dec 4 1942 that I last saw him alive on Dec 4 and that death occurred on the date and hour stated above.

Immediate cause of death St. Louis pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Main findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Carl S. McCallan (M. D. or other)

Address 4200 E. Easton Date signed 12-8-42

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.....

Charles J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

**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.**