S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41850

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 2570

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted Nov. 25, 1942. (Specify whether years, months or days)
In this community Unknown

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. 3509 Franklin Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Brown, George
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July ~~1880~~ 10 (Month) 10 (Day) 1880 (Year)

8. AGE: Years 62 Months 4 Days 25 If less than one day — hr. — min.

9. Birthplace Webster Groves, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown
FATHER
12. Name Oliver Brown
13. Birthplace Unknown (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Julia Wilburn.
15. Birthplace Unknown (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Government Records
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis.
19. (a) 12-6-42 (Date received local registrar) (b) C. H. McGuire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from II-25-42, 19..., to 12-5, 1942; that I last saw him alive on 12-5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive and Coronary arteriosclerotic heart disease with myocardial damage and anginal syndrome. — Unk.
~~Due to~~
~~Due to~~
Other conditions (Include pregnancy within 3 months of death) Nephritis chronic with nitrogen retention. — Unk.
Major findings: none
Of operations
Of autopsy: None authorized.

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) No.
(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? Means of injury
23. Signature L. M. Cochran, M.D., (M.D. or other) L. M. Cochran
Address Chief Medical Officer Date signed 12/6/42

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1942

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

Chas. J. Gates Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.