

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1515

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether
In this community 2 years
years, months or days)

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. 4057 Mc. Peterson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delmar Brown

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

4. Sex male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Magne Brown 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased SEPT 3 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 5 11 hr. _____ min.

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

10. Usual occupation Welder

11. Industry or business _____

MOTHER { 12. Name Albert Brown

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

14. Maiden name Abbie King

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

16. (a) Informant Hospital (b) Address 15150 Lafayette av

17. (a) SHIPPED (b) Date thereof FEB 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FULTON KENTUCKY

18. (a) Signature of funeral director F. J. Schmur

(b) Address 3125 Lafayette av

19. (a) J. F. Brundick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1943 hour 2 minute 50A M.

21. I hereby certify that I attended the deceased from January 24 1943, to February 14 1943

that I last saw him alive on 13. of February 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute pericarditis

Due to _____

Due to _____

Other conditions Undiagnosed psychosis
(Include pregnancy within 3 months of death)
Urteral calculus

Major findings: Of operations _____

Of autopsy Pericarditis

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 _____

23. Signature Frank U. Steinberg (M.D. or other) M.D.

Address St. Louis City Hosp Date signed 2.14.43

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

1515

1515

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Pennsylvania

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.