

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 23 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8110 Elnora Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Walter Brown

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

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced, Divorced  
6. (b) Name of husband or wife Martha Hogue 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Jan. 22 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Jim Unavailable  
13. Birthplace " 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable 7  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Hogue

(b) Address 2 Aberdeen Place

17. (a) Burial (b) Date thereof 5/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) 5-29-43 (b) C. J. McParry, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 23  
year 1943 hour 7 minute :15 P.M.

21. I hereby certify that I attended the deceased from 5-21-43

that I last saw him alive on 5-23-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart Disease 2 yrs  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations G. J. D.  
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 R. E. Preston (M. D. or other) M.D.  
Address St. Louis Co. Hospital Date signed 5/24/1943

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

16  
2  
3

---

**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.....

William C. McDowell

....., Registered Apprentice No.....

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor 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.