

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19440

Registration District No. 1940

Primary Registration District No.

Registrar's No. 5604

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 3 days
In this community 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Ward Brown

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced..... 0

6. (b) Name of husband or wife..... School boy 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 3 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 11 14 hr. min.

9. Birthplace Ireland Miss I
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business.....

MOTHER - FATHER

12. Name White Brown

13. Birthplace Ireland Miss I
(City, town, or county) (State or foreign country)

14. Maiden name Percilla Bailey

15. Birthplace Ireland Miss I
(City, town, or county) (State or foreign country)

16. (a) Informant Percilla Brown

(b) Address 1843^a O'Fallon

17. (a) Burial (b) Date thereof 6-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 13 1943 (Date received local registrar) J. J. Bredbeck (Registrar's signature)

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. 1843 O'Fallon
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17,
year 1943 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 14, 1943 to June 17, 1943
that I last saw him alive on June 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Rheumatic Endocarditis (autopsy) Duration Unk.

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature S. E. Smith (M. D. or other) P
Address 2601 Whittier Date signed 6/18/43

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 L. Boykin
....., Registered Apprentice No. IM
working under my personal supervision.

Signed Lornie Boykin
Licensed Embalmer No. 2946
P. O. Address St. Louis Mo.

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.