

FILED OCT 2 - 1943 318

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

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

Registrar's No. 8398

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(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 24 days (Specify whether  
In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 011  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 12  
(d) Street No. 2703 Lucas (If rural, give location) 21  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Robert (Bob) Brown

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 71

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Sept 17 1890 (Month) (Day) (Year)

8. AGE: Years 53 Months - Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lanmont (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Willie Brown  
13. Birthplace UN KNOWN (City, town, or county) Miss 1 (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant M.A. Miller Brown

(b) Address 2703 Lucas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director A. H. Burkes

(b) Address 1408 S. 3rd St

19. (a) SEP 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 20, year 1943 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 26, 1943, to September 20, 1943; that I last saw him alive on September 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension  
Cerebral Hemorrhage  
Bronchopneumonia  
Due to \_\_\_\_\_

Duration  
Unk.  
2 weeks  
Terminal

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major 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 J. S. Smith (M. D. or other) \_\_\_\_\_  
Address 2601 Webster Date signed 9/20/43

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

MOTHER FATHER

844

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**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

*James A. Johnson*  
.....  
Licensed Embalmer No. *3522*

P. O. Address.....

**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.**