

FILED DEC 3 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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 Phillips Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 20 days
In this community 12 years (Specify whether years, months or days)

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. 4596 Garfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Brown

3. (b) If veteran, name war None 3. (c) Social Security No. 498-18-0737

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Brown 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov 4, 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 17 If less than one day - hr. min.

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

10. Usual occupation fisher

11. Industry or business City

12. Name Thomas Brown

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

14. Maiden name Jeanette Hochstetler

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

16. (a) Informant Lola Brown

(b) Address 4596 Garfield

17. (a) Burial (b) Date thereof 11/24/43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frathay Dickson Cemetery

18. (a) Signature of funeral director M. C. Howell

(b) Address 1711 N. Taylor

19. (a) NOV 24 1943 (b) J. F. Brunck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21, year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from November 1, 1943 to November 21, 1943; that I last saw him alive on November 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Extravasation

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?

(Specify type of place) (e) Means of injury

23. Signature G. K. Fleet (M. D. or other) Address 2601 Webster Date signed 11/22/43

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

MOTHER FATHER

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..... *William Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Allison*

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.