

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36181**
Registrar's No. **10351**

LED DEC 9 1943
Registration District No. **818**

Primary Registration District No. **1003**

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

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 18 days *U*
(Specify whether)

In this community Life
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. 3834 Fairfax
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Brown

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male *J*

5. Color or race Negro

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21,
year 1943 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from November 3,
1943 to November 21,
1943 that I last saw him in alive on November 21,
1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>About 67</u>			hr. min.

Immediate cause of death.....
Bronchopneumonia

Due to Cardiac Hypertrophy *2* Undet.

Due to.....

Other conditions.....
(Include pregnancy within 5 months of death)

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

10. Usual occupation..... Janitor

11. Industry or business.....

MOTHER FATHER

12. Name William Brown

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

14. Maiden name Fannie Ford

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Birdie Stokes

(b) Address 3836 A Cook Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director A. J. Beal Undertaking Co.

(b) Address 2726 Lucas Avenue

19. NOV 26 1943 (Date received local registrar) J. F. Beal (Registrar's signature)

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)

While at work?..... (e) Means of injury.....

23. Signature S. E. Smith (M. D. or other) Whittier
Address 2601 Whittier Date signed 11/21/43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldine*

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.