

Registration District No. 311 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2633 Hord Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 2633 Hord Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elmo H. Brown

3. (b) If veteran, name war World

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  Color or race White

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

6. (b) Name of husband or wife Frances Brown nee Yancey

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February 14, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Cashier

11. Industry or business Emerson Electric Co.

12. Name Adelbert Brown

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

14. Maiden name Frances Belleville

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

16. (a) Informant Mrs Frances Brown

(b) Address 2633 Hord Ave Jennings, Mo.

17. (a) Burial (b) Date thereof 12/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 22 1943 (b) C. M. Murray M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th  
year 1943 hour 11:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 19 43 to Dec 19 43  
that I last saw him alive on Dec 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 12 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 94a  
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 C. M. Murray M.D. (M. D. or other) \_\_\_\_\_

Address 6204 W. Flannery \_\_\_\_\_

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

MOTHER FATHER

JUL 31 1944  
JAN 7 1944

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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 Francis A Williamson

Licensed Embalmer No. 3565

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.