

FILED JUN 23 1944
318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 6 years
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. 2316 Pine St.
(If rural, give location)
(e) Citizen of foreign country? (1) (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Brown

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Feb 2nd 1907
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook

11. Industry or business _____

12. Name Walter Brown
13. Birthplace unk Ark
(City, town, or county) (State or foreign country)

14. Maiden name Lula Clay
15. Birthplace Old Town Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Ferguson
(b) Address 2316 Pine St

17. (a) burial (b) Date thereof 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. Randle P. Don
(b) Address 3133 Bell Avenue

19. (a) JUN 17 1944 (b) J. F. Budock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15,
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 8,
1944, to June 15, 1944,
that I last saw him alive on June 15, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 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 Alvin Moore (M. D. or other) _____
Address 2601 Whittier Date signed 6/15/44

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

000
2617

822

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.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.