

S. No. 2
M-8-13
5-17-39
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22860

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 8 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6545

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(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 27 days
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 N. 14th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Brown
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 unknown 18 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5, year 1944 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 8, 1944 to July 5, 1944;
that I last saw him alive on July 5, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 6 17 hr. min.
9. Birthplace Canada 2
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
12. Name Simon Wesley Brown
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Annie Clark
15. Birthplace Canada 2
(City, town, or county) (State or foreign country)
16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier
17. (a) Buried (b) Date thereof JUL 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director James Deacon
(b) Address City Health Dept.
19. (a) JUL 26 1944 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above
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 Olivia Moore (M. D. 1945)
Address 2601 Whittier Date signed 7/27/44

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

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

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.....

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.