. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35708

Registrar's No. 10307

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Yrs. 6 Mo. 2 Days (Specify whether years, months or days)

In this community

000
17
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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 013

(d) Street No. ~~Unknown~~ 5800 Arsenal St (If rural, give location)

(e) Citizen of foreign country? U (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George 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 Widower

6. (b) Name of husband or wife Emma

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

7. Birth date of deceased March (Month) 10 (Day) 1860 (Year)

8. AGE: Years 84 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Joe Brown

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

14. Maiden name Leah White

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lawton

19. (a) DEC 4 1944 (Date received local registrar) (b) J. F. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, 1944 year hour 11:30 A.M. minute M.

21. I hereby certify that I attended the deceased from 1939 or 1946, 19 to Nov. 25, 1944, 19 that I last saw h. alive on Nov 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage — Duration

Due to

Due to

Other conditions Degenerative heart disease; senility
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature J. W. Maxwell (M. D. or other)

Address 5800 Arsenal Date signed 11-29

(Licensed Embalmer's Statement on Reverse Side)

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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address: St. Louis

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.