

FILED JAN 5 1945 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks 0
(Specify whether
 In this community 39 years
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. 5500 Pershing Avenue
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME J. Homer Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maude Layng 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased 11 17 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Election Commissioner
 11. Industry or business Clerk

MOTHER FATHER { 12. Name Joseph K. Brown
 13. Birthplace Cornellsville Pa.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Flinn
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude L. Brown
 (b) Address 5500 Pershing Avenue
 17. (a) Burial (b) Date thereof 12-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery
 18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Boulevard
 19. (a) DEC 29 1944 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 1944 hour 7 minute 30 AM
 21. I hereby certify that I attended the deceased from Dec 4 1944
1944, to Dec 27 1944
 that I last saw him alive on Dec 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Arteriosclerosis

Due to age
 Due to 93
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations.....
 Of autopsy Arteriosclerosis
multiple infarctions & coronary atherosclerosis

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 J. J. Brudeck (M. D. or other)
 Address 314 N Broadway Date signed 12/28/44

Duration of Illness
 PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-1 L.C. Storkung

314 N. Bldg.

Box 6895

St. 6880 Res.

7703 4th 120

MAY 18 1961

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..... *Thomas R. Jewick*

Licensed Embalmer No. *3793*

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.