

No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 94

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **729**

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.....
1504 Elliott Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... / (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **000**
17
920
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **1504 Elliott Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Joseph L. Brown**
 3. (b) If veteran, name war..... No.
 3. (c) Social Security No. **499-05-8788**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **21**
1945 year. **5** hour. **25** minute. **P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife..... **Viola** 6. (c) Age of husband or wife if alive **31** years
 7. Birth date of deceased..... **Feb. 16 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-10**, 19**44**, to **1.21**, 19**45**
 that I last saw him alive on **1.21**, 19**45**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	11	5 hr. min.

Immediate cause of death
Carcinoma of Intestine & Ovary
Duration 2 mo
Practically
 Due to.....
 Due to.....

9. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)
 10. Usual occupation..... **Cleaner**
Dayton Island

Other conditions.....
(Include pregnancy within 3 months of death)
51
 Major findings:
 Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name..... **Jehu**
 13. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Buckmeyer**
 15. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)

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) (Specify nature of injury)

16. (a) Informant..... **Viola Brown**
 (b) Address..... **1504 Elliott Ave.**
 17. (a) Burial (b) Date thereof..... **Jan. 25, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Memorial Park Cemetery**

23. Signature..... **John P. Koller** (M. D. or other) **40-2**
 Address..... **2603 Clarke St.** Date signed **1/23/45**

18. (a) Signature of funeral director..... **Wacker Hellerle**
3634 Gravois Ave.
 (b) Address.....
 19. (a) **JAN 24 1945** (Date received local registrar) **J. F. Bredeen** (Registrar's signature)

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

MOTHER FATHER

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.