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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3305

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2623

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)
In this community 0

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. 3903 A. Easton Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Paul T. Brown
3. (b) If veteran, name war None
3. (c) Social Security No. 500-18-4164
4. Sex Male
5. Color or race White
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 May 21, 1886 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 7 | 10 | hr. min. |

9. Birthplace Oakville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
FATHER 12. Name Frank Brown
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
MOTHER 14. Maiden name Julia Unknown
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Violet Lathim
(b) Address 3903 A. Easton Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Iowa
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) JAN 3 1945 (Date received local registrar) (b) E. L. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 30 day year 1944 hour 9 minute 8 A.M.
21. I hereby certify that I attended the deceased from Dec 26-44 Dec 24 1944 to Dec 31 1944 that I last saw him alive on Dec 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (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 H. J. Shelton (M. D. or other)
Address 622 Union Club Date signed Dec 31/44

(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.....

Licensed Embalmer No. 1861

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.**