

S. No. 2  
 OM-5-43  
 V. 5-17-33  
 X36671

4040

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 24 1945  
 318

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 1259

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL") 9 3  
 (d) Street No. 6539 Devonshire  
 (If rural, give location) No  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Nels O. Brown  
 3. (b) If veteran, name war. -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 7  
 year 1945 hour 10:00 minute A. M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nina V.  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased March 3 1860  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 27 1945, to Feb. 7 - 1945  
 that I last saw him alive on 2-7-45  
 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 10 Days 17  
 If less than one day hr. min.

Immediate cause of death: Chronic myocarditis  
 & hyper tension (about 1 year)  
 Due to

9. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Contractor  
 11. Industry or business Buildings

Other conditions Sec. anemia / milk  
 (Include pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name Peter Brown  
 13. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Olsen  
 15. Birthplace Sweden 4  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: Mrs. J.B.  
 Of operations  
 Of autopsy no

16. (a) Informant Mrs. Nina V. Brown  
 (b) Address 6539 Devonshire  
 17. (a) Burial (b) Date thereof Feb. 9, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Sunset Burial Park  
 C. Hoffmeister Colonial Mortuary  
 18. (a) Signature of funeral director  
 (b) Address 6464 Chippewa at Watson  
 19. (a) FEB 8 1945 (b) J. F. Prodeck  
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)  
 (c) Means of injury  
 23. Signature Dr. C. G. ...  
 Address 4523 S. Kingshighway  
 2/7/45

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

on transfer  
No. 6567  
7e  
Municipal

**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 Linus C. Hoffmuth

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

**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.**