

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35083**
Registrar's No. **9625**

FILED NOV 19 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

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: **Jewish Hospital**
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5807 Enright**
(If rural, give location)
(e) Citizen of foreign country? **D** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry F. Brown**
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **6th**
year **1945** hour **6** minute **30 A.** M.
21. I hereby certify that I attended the deceased from **Nov. 5**
19**45**, to **Nov. 6** 19**45**
that I last saw ~~him~~ **her** alive on **November 5** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sophie Brown**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion**
Duration **36 hours**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **61** Months **--** Days **--**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **Contractor**

12. Name **Max Brown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Sophie Brown**
(b) Address **5807 Enright Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-7-1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth Cen.**

18. (a) Signature of funeral director **Harman Handshap**
(b) Address **5216 De Lamar Blvd.**

19. (a) **NOV 8 1945** (Date received local registrar) (b) **J. H. H. H.** (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Heriman M. Meyers** (M. D. or other) **M.D.**
Address **508 N. Grand** Date signed **11/6/45**

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.....

H. P. Burgess

Licensed Embalmer No.....

4029

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.