

7. S. No. 2
00M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40955**

FILED MAR 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2379**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17
9
9867

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:
Firmin Desloge Hospital *o*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **James Henry Brown**

3. (b) If veteran, name war..... **Nil**

3. (c) Social Security No. **331-14-4129**

4. Sex **Male** *o* 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Bertha Halbert Brown** *o* 6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **November 19 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	19	hr. min.

9. Birthplace..... **Unknown Missouri** *o*
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Factory Worker**

11. Industry or business.....

MOTHER FATHER { 12. Name **David H. Brown**

13. Birthplace..... **Unknown Illinois** *o*
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Allen**

15. Birthplace..... **Unknown Illinois** *o*
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Bertha Brown**

(b) Address..... **Alton, Ill.**

17. (a) **Removal** (b) Date thereof..... **3-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **White Hall, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4706 Washington Blvd.**

19. (a) **MAR 11 1946** (b) *J. Bredner*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **Madison** **999**

(c) City or town..... **Alton** *NR*
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **2**
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
 year **1946** hour **1** minute **30** **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 4**, 19 **46** to **March 8**, 19 **46**
 that I last saw him alive on **March 7**, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Toxic encephalitis** *W* Duration **6 days**

Due to..... **Exophthalmic goitre** *103* Duration **1 1/2 yrs.**

Due to..... **Auricular fibrillation** Duration **2 mos.**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **none**

Of autopsy..... **none**

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..... **A. J. Kothis** *o* (M. D. or other)

Address..... **462 N. Taylor** Date signed **3/8/46**

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..... *Elmer R. Padwell*

Licensed Embalmer No. 4077

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.