

**FILED** MAY 2 1946  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3528**

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:  
**917 rear Walton /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **43 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **917 rear Walton Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**JOHN WESLEY BROWN**

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

3. (c) Social Security No. **492-22-4996**

4. Sex **Male** 2 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Ida Mae Brown**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **July 12 1881**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Oakland Miss. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **--**

MOTHER FATHER {  
12. Name **Jackson Brown**  
13. Birthplace **Unavailable**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Cora Hill**  
15. Birthplace **Trenton Tenn. /**  
(City, town, or county) (State or foreign country)

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

(b) Address **3864 Windsor Pl.**

17. (a) **Burial** (b) Date thereof **4-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave**

19. (a) **APR 17 1946** (Date received local registrar) **J. F. Braddock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13th**  
year **1946** hour **10** minute **30** A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Degenerative** **Chronic Degenerative** **Dementia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **J. F. Braddock** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **4/17/46**

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

14552

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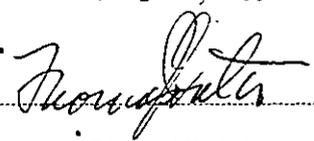
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates....., Registered Apprentice No.....

working under my personal supervision.

Signed.....  


..... Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Ave......

**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.**