

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUN 20 1946
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, Mo.

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital of St. Louis
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether)

In this community 30
years, months or days

3. (a) PRINT FULL NAME Henry Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Julia

6. (c) Age of husband or wife if alive about 1864 years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years abt 82 Months _____ Days _____ If less than one day _____
hr. min.

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Nordicei Brown

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

14. Maiden name unk

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

16. (a) Informant Mordecia B. Brown

(b) Address 5535 Pershing

17. (a) burial (b) Date thereof 6/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 9 1946 (b) J. J. Bredeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 228 N. Taylor
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1946 hour 6:15 minute 4 P. M.

21. I hereby certify that I attended the deceased from April 1,
1946 to June 7, 1946

that I last saw him alive on June 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Arteriosclerotic Heart Disease

Due to Generalized Arteriosclerosis

Due to Senility

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

Duration 930

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Gen. Arteriosclerosis - Congest. ian of lungs, liver - Ascites - Pleural effusion

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? 0

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

23. Signature Samuel E. Schechter
Address Jewish Hosp. Date signed June 4

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 *Arthur A. Ruderg*
Licensed Embalmer No. *4229*

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.