

FILED JUL 31 1946
Registration District No.

Primary Registration District No.

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 11/17
(d) Street No. 4266 W Cook (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Robert Dorsey Brown

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Celeste Brown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 26, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 29 hr. min.

9. Birthplace Baker County, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Richard Brown

13. Birthplace Baker County, Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Ga. /

15. Birthplace ? Ga. /
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Williams
(b) Address 4266 W. Cook

17. (a) Burial (b) Date thereof 6/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) JUN 27 1946 (Date received local registrar)
J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1946 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 6-20 1946 to 6-25 1946
that I last saw him alive on 6-25- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of G. I. Tract with Undet.
Metastasis to Portal Lymphatic Glands,
and Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 0

23. Signature E. B. Williams (M. D. or other)
Address 2601 No. White Date signed

Duration

Undet.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1946

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

Elvick Young

Licensed Embalmer No.

33710

P. O. Address

St. James

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.