S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21570

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5446

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Alexianx Bros Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community

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") 2417

(d) Street No. 3717 Marine st (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: Roy W. Brown Sr

3. (b) If veteran, name war

3. (c) Social Security No. 498-26-2198

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Annie

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: Feb (Month) 14 (Day) 1874 (Year)

8. AGE: Years 72 | Months 4 | Days 4 | If less than one day hr. min.

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

10. Usual occupation: Ret Postal Clark

11. Industry or business

FATHER 12. Name: Oscar Brown

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

MOTHER 14. Maiden name: Florence Blosser

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

16. (a) Informant: Annie Brown

(b) Address: 3717 Marine st

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Wm. Schumacher

(b) Address: 3013 Meramec st

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 22 1946 to June 18 1946 that I last saw him alive on 6/18/46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Esophagus	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	

Major findings: Of operations: Gastrostomy March 9-46 at Lutheran

Of autopsy:

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? (Specify type of place)

While at work (e) Means of injury

23. Signature: Otto C. Hauser M.D. (M. D. or other)

Address: 3012 Lafayette Date signed 6/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.