

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28180

State File No. _____

FILED Aug 10 1946
Registration District No. 1517

Primary Registration District No. 3063

Registrar's No. 1797

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6308 San Bonita
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Estelle M. Brown
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Alfred T. Brown
 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased Oct, 21th, 1883
 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 4
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Highway Materials Co

12. Name John M. Gunn

13. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Mary McDonald

15. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Hohn M. Dunn

(b) Address 6308 San Bonita

17. (a) Burial (b) Date thereof 8/30/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc
 (b) Address 6633 Clayton Road

19. (a) 8-31-46 (b) E. J. H. Yaman MD
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 6308 San Bonita 3
 (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
 year 1946 hour 12:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
1944 to 8/28/46, 19____;
 that I last saw her alive on 8/27/46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction 3 days
Thrombosis 24 hrs
 Due to coronary arteriosclerosis 6 mos
 Due to Ch. dilatated hyperten 6 mos
131a

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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 E. J. H. Yaman MD (M. D. or other) MD
 Address 14952 Maryland Ave Date signed 8/28/46

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

AUG 12 1949

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 Arnold W. Schoene
Licensed Embalmer No. 3864
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.