

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28492**
7329
Registrar's No.

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

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

(c) Name of hospital or institution:
Missouri Pacific Hospital
(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 Brown, Charles Andrew

3. (b) If veteran, name war no

3. (c) Social Security No. 488-09-9065

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Junia Brown

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 6 7 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 2 15 hr. min.

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

10. Usual occupation Railroad Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Brown

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

14. Maiden name Marie Bruce

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

16. (a) Informant Junia Brown

(b) Address 4024 Russell Ave.

17. (a) Burial (b) Date thereof 8-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Subset Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 74046 Lancaster Ave.

19. (a) AUG 23 1946 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

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. 4024 Russell Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Aug 11 1946, 1946 to Aug 22, 1946

that I last saw him alive on 3:00 AM Aug 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to _____

Due to 1/2 hr

Other conditions renal failure
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy occlusion of coronary artery

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 [Signature] (M. D. or other) MD

Address Mr Pac Hop Date signed 8-23-46

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..... *David Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Maplewood 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.