S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28494

State File No.

FILED AUG 29 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7109

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:
Enroute to City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 71090

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

(d) Street No. 4040 Olive St. 14
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry Brown

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

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

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

7. Birth date of deceased January (Month) 18 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	26	hr. min.

9. Birthplace Fort Gage (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Moving Man

11. Industry or business

FATHER
12. Name George W. Brown
13. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Rose White
15. Birthplace Calhoun County (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Rose Brown
(b) Address Chester, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chester, Illinois

18. (a) Signature of funeral director Schroeder Funeral Home
(b) Address Chester, Ill.

19. (a) AUG 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1946 hour 11 minute 03 a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation by drowning when deceased was found floating in the Mississippi River at the foot of Vogel Ave on Aug 14th 1946 at 11.03 a.m. Cause and manner of same could not be determined

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 183

Of autopsy 36

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) Jim Verdict
(b) Date of occurrence Aug 14 1946
(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? Mississippi River (Specify type of place)
While at work? (e) Means of injury as above

23. Signature Dr. Alfred J. Serra (M. D. or other) 3
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1946

NO EMBALM

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.....Albert L. Hoppe.....

Licensed Embalmer No.....

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.