V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

JOHN. BROWN

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28496

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6885

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

1. PLACE OF DEATH:
(a) County: St Louis Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes & Homer Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: about 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County:
(c) City or town: St Louis Mo (If outside city or town limits, write "RURAL")
(d) Street No. 4229A Page (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Brown
3. (b) If veteran, name war:
3. (c) Social Security No. 490-107253
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: X (Month) X (Day) 1878 (Year)

8. AGE: Years: abt 68 Months: X Days: X If less than one day: hr. min.

9. Birthplace: Savannah, Georgia (City, town, or county) (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business: Monsanto Chemical Co.
MOTHER FATHER
12. Name: X Unknown
13. Birthplace: X (City, town, or county) " X (State or foreign country)
14. Maiden name: X "
15. Birthplace: X (City, town, or county) X (State or foreign country)
16. (a) Informant: Ferdinand Jones
(b) Address: 4229a Page Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Lee J. Sieed
(b) Address: 3615 Easton
19. (a) AUG 7 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd, year 1946 hour 9:10 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of heart, inflicted with gun in the hands of police officer James Cook, in the performance of his duty while trying to disarm the deceased in front of 3334 Franklin Ave., around 9:10 P.M. Aug. 3rd, 1946, and the deceased was slashing at hime with an open knife.

Duration

Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: No
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): Justifiable Homicide
(b) Date of occurrence: Aug. 3rd, 1946
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble,

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.