

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31602**  
**8092**  
Registrar's No.

**FILED 318**  
**30 1946**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4yrs 10mos 24ds.  
(Specify whether  
In this community 24 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1367  
(c) City or town St. Louis St  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5400 Arsenal St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNEST BROWN  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Irene Brown  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased April 29 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 4 18 hr. min.

9. Birthplace not known Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name not known  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Helena A. Dingler

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof Sept 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Co.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 457 Washington St

19. (a) SEP 20 1946 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 17th  
year 1946 hour 7:50 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from October 23 1946 to Sept 17 1946;  
that I last saw h im alive on Sept 17 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Paresis - Paralysis of Insane 1941x

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 30

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No

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 Reques. Hofstaller (M. D. or other) M.D.  
Address 5400 Arsenal St Date signed 9/18/46

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

**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 *John Ketter*  
Licensed Embalmer No. *3880*  
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.**