

No. 2
-12-45
-5-17-39
X 47070

State File No. _____

FILED OCT 7 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8205**

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 MO. PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Franklin

(c) City or town Pacific
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BROWN, Frank Elmer

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife DORA BROWN

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

7. Birth date of deceased JAN 19
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>ABOUT</u>		hr. _____ min. _____

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

10. Usual occupation RAIL ROAD DISPATCHER (RETIRED)

11. Industry or business RAILROAD (MO PACIFIC LINE)

MOTHER FATHER

12. Name UNKNOWN 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN _____
(City, town, or county) (State or foreign country)

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Brown

(b) Address PACIFIC, MO

17. (a) BURIAL (b) Date thereof SEPT 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PACIFIC MO

18. (a) Signature of funeral director Mrs. J. Schubert

(b) Address SEP 24 1946

19. (a) SEP 24 1946 (b) J. J. Friedrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 22
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from SEPT 18
1946, to SEP 22 1946;
that I last saw h. e. alive on 22 SEPT 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephrosclerosis

Due to _____

Under other conditions Diabetes - Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy As above

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 James R. Blasing (M. D. _____)

Address Mo. Pacific Hosp. Date signed 9-23-46

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

8305

SEP 28 1954

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..... *August Burns Jr.*
Licensed Embalmer No. *4338*
P. O. Address..... *Paris, 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.

Registration District No. 318

Primary Registration District No. 1003

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:
(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 Frank Elmer Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

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

8. AGE: Years Months Days If less than one day
67-71

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address 9-27-46

19. (a) (Date received local registrar) (b) J. F. Bredeek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month 9 day 22
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

067 14 1946

31603