

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34661

State File No. _____

FILED NOV 3 1946

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 3205

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

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

(d) Street No. 39 Benham St.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Harrison Brown

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10/9/46 to _____, 19____;
that I last saw him alive on 10/28/46, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased November 29 1876
(Month) (Day) (Year)

Immediate cause of death TERMINAL PNEUMONIA Duration 2 DAYS

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

69	11	0	hr. min.
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Due to BRONCHOGENIC CARCINOMA 6MO?

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

Due to _____

10. Usual occupation Superintendent

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

11. Industry or business Flat River Ice & Coal Co.

Major findings: CONFIRMED ABOVE

MOTHER FATHER { 12. Name Benjamin F. Brown

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

Of autopsy _____

14. Maiden name Mary E. Robertson

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Helen Partney

(b) Address 2272 Yale Ave.

(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? _____

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 11-2-46 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

23. Signature James L. Mudd (M. D. or other) _____
Address 634 N GRAND Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1947

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..... *Elmo R. Cadwell*

Licensed Embalmer No. *4077*

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.