

S. No. 2
M-5-43
P. 5-17-39
X36671

FILED NOV 12 1946
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:
920 & N. 13TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 57 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WASCO

(c) City or town ST. LOUIS 251
(If outside city or town limits, write "RURAL")

(d) Street No. 920 & N. 13TH ST.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 90
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR BROWN

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

4. Sex M 2. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAURA BROWN 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug 20 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1946 hour 2 minute 15 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 _____

8. AGE: Years 57 Months 5 Days 8 If less than one day _____ hr. _____ min.

Due to Lobar Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation LABORER

11. Industry or business _____

12. Name John BROWN

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

14. Maiden name W.A. Massey

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

16. (a) Informant LAURA BROWN

(b) Address 920 & N. 13TH STREET

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CREEKWOOD CEM.

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 J. J. Bradlee (M.D. or other) _____
Date signed 10/29/46

18. (a) Signature of funeral director J. A. GREEN

(b) Address 2915 FRANKLIN

19. (a) OCT 21 1946 (Date received local registrar) (b) J. J. Bradlee (Registrar's signature)

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

MOTHER, FATHER

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

M. Gean

Licensed Embalmer No.

2963

P. O. Address

2915 Franklin

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.