

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

FILED **SEP 21 1946**
318

Registration District No. **318** Primary Registration District No. **1003**

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

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:
Enroute to Missouri Pac. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Elmdale Village
(If outside city or town limits, write "RURAL") **NR. 0**

(d) Street No. 3695 Brown Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Fred Gordon Brown

3. (b) If veteran, name war..... **3. (c) Social Security No.** 702-14-0626

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Lillian E. Brown **6. (c) Age of husband or wife if alive** 53 years

7. Birth date of deceased Sept. 15, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>27</u>	hr. min.

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

10. Usual occupation Traveling Auditor

11. Industry or business Missouri-Pacific Railroad

MOTHER FATHER

12. Name Elbert Brown

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

14. Maiden name Bertha Assmann

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

16. (a) Informant Mrs. Lillian E. Brown

(b) Address 3695 Brown Road, St. Louis County

17. (a) Burial **(b) Date thereof** Oct. 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1946 hour 8 minute 30 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.....

Chronic Endocarditis

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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? **(e) Means of injury**.....

23. Signature John E. Dwyer (M. D. or other)

Address 127 E. ... **Date signed** 10/14/46

Colonel

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..... *Ralph C. Linders*.....

Licensed Embalmer No..... *4275*.....

P. O. Address..... *St. Louis, 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.