

S. No. 2
-12-45
5-17-39
P I X47070

FILED MAR 11 1947
318

Registration District No. _____ Primary Registration District No. _____

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:
4715 Blair Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ALBERT L. BROWN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Mosenthein 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Moulder

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. Bertha Brown

(b) Address 4715 Blair Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/47
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) FEB 23 1947 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4715 Blair Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1947 hour 7:45 AM. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 - 27 Feb 27 1947 to 2-27- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular (mitral) Heart Disease

Due to Hypertension

Other conditions 92
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? [Signature] (Specify type of place) _____

(e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 3/1/47

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 *Gustav W. Dietzle*

Licensed Embalmer No. *4329*

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.