

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Y.M.C.A. - 16th & Locust St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Milton Irvin Brown

3. (b) If veteran, name war Unknown 3. (c) Social Security 386-05-6296

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

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

7. Birth date of deceased August 3 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Guard

11. Industry or business _____

12. Name Alexander Brown

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

14. Maiden name Margaret Steffen

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

16. (a) Informant Mrs. George Shelton

(b) Address 2411 Iowa, Granite City, Ill.

17. (a) Removal (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director Schildman Funeral Home

(b) Address Granite City, Ill.

19. (a) FEB 9 1947 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1947 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 27 1947 to Feb 12 1947.
that I last saw him alive on 2/12 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death massive pulmonary hemorrhage

Due to Carcinoma of the lung

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy As above

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature F. R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 2-13-47

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

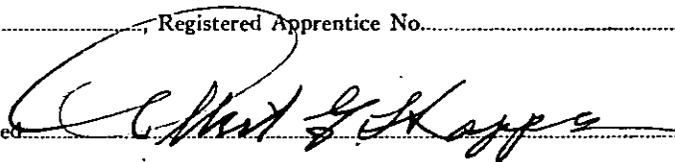
MOTHER FATHER

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.....



Licensed Embalmer No..... 2971

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.