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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10606

FILED MAR 31 1947 #69033

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 2811

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
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. 2421 Laflin St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELMER BROWN

3. (b) If veteran, name war No

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 Ruth A. Brown

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

7. Birth date of deceased January (Month) 12 (Day) 1906 (Year)

8. AGE: Years 41 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Custodian

11. Industry or business Board of Education

FATHER
12. Name Joseph Brown
13. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Jun
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ruth A. Brown
(b) Address 2421 Laflin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 18- 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) MAR 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1947 hour 5:01 minute P M.

21. I hereby certify that I attended the deceased from 3/8/47, 19, to 3/14/47, 19; that I last saw him alive on 3/14/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature 1315 Lafayette (M.D. or other) 3/15/47

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.