FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 65346

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10062

1. PLACE OF DEATH:
(a) County
(b) City or town ST. Louis 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town ST. Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 910, North, 20th Street. 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Matthew. Brown
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1925 years
7. Birth date of deceased May (Month) 8th (Day) 1925 (Year)

8. AGE: Years 22 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Enid (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Domestic

FATHER
12. Name Sam. Brown
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Florance. Howard
15. Birthplace Enid. (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Florine Howard
(b) Address 2023, A. Franklin. Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grenada, Miss.
18. (a) Signature of funeral director Price Watkins
(b) Address 2700. Thomas. Street.
19. (a) OCT 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1947 hour minute 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 Lung Abscess. Tubercular

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Patrick E. Taylor (M. D. or other)
Address Ney-Cox Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Jeffice E. Cooper, Registered Apprentice No. 535, working under my personal supervision.

Signed James Dyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.