

S. No. 2
1-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44574

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 12018

1. PLACE OF DEATH: 2739 Delmar Blvd
 (a) County: St. Louis
 (b) City or town: St. Louis
 (c) Name of hospital or institution:
 (d) Length of stay: In hospital or institution: 2 months
 In this community: 2 months

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri
 (b) County: St. Louis
 (c) City or town: St. Louis
 (d) Street No.: 2814 Washington Ave
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Fred Brown
 3. (b) If veteran, name war:
 3. (c) Social Security No.: 431-07-5104

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12th day 25th
 year 1947 hour 12:30 minute P.M.

4. Sex: m 2 race: col
 5. Color or race: col
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Anne Brown
 6. (c) Age of husband or wife if alive: 30 years
 7. Birth date of deceased: 3 3 1916

21. I hereby certify that I attended the deceased from
 that I last saw him alive on
 and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 9 Days 22
 If less than one day hr. min.

Immediate cause of death:
 Uedum of Proximus
 Oedema of Lung
 Alcoholism
 Due to:
 Due to:

9. Birthplace: Hope Ark.
 10. Usual occupation: Labor

Other conditions:
 (Include pregnancy within 3 months of death)
 77

11. Industry or business:
 12. Name: unknown
 13. Birthplace:
 14. Maiden name:
 15. Birthplace:

PHYSICIAN
 Major findings:
 Of operations:
 Of autops:

16. (a) Informant: Annie Brown
 (b) Address: 2814 Washington Blvd
 17. (a) Date: 1-3-48
 (b) Date there:
 (c) Place: burial or cremation: Hope Ark

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?
 23. Signature: Thomas F. Collins
 Address: Date signed: 12-21-47

18. (a) Signature of funeral director: Gils Howe
 (b) Address: 2930 Dickson St
 19. (a) DEC 31 1947
 (b) Registrar's signature: J. Medeck

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

MOTHER FATHER

Removal by Rail

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 *Arthur L. Billiard*

Licensed Embalmer No. *4321*

P. O. Address *1154 Bayard Ave*

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.