

FILED JAN 30 1948

Registrar's No. **667**

Registration District No. **318**

Primary Registration District No. **1002**

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: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY WILLIAM BROWN

3. (b) If veteran, name war WW 2 3. (c) Social Security No. Yes

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

6. (b) Name of husband or wife Lucille Brown 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November 8-1904  
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Apco Co.

12. Name William Brown

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Simonin

15. Birthplace Moberly Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Brown  
(b) Address 3307a Oxford St.

17. (a) Burial (b) Date thereof Jan 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director  
(b) Address 6464 Chippewa St.

19. (a) Jan 22 1948 (b) J. F. Bremer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oae  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3307a Oxford St. 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1948 hour \_\_\_\_\_ minute 5 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 1

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? (Specify type of place) 2  
(a) Means of injury Dep Car  
23. Signature Gatrich E Taylor (M. D. or other)  
Address 1300 Clark Date signed 1-22-48

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

MOTHER FATHER

876100413

A-R 61948

**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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, above space should be left blank.**