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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35018
Registrar's No. 2200

FILED OCT 23 1948
Registration District No. 19487

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Webster Groves
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
41 MOODY AVE. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 58 years - (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Henry William Brown
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Margaret Brown 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased apr 21 - 1867
 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 4 If less than one day _____
 h. _____ m. _____

9. Birthplace Avoca Wisconsin
 (City, town, or county) (State or foreign country)

10. Usual occupation Florist

MOTHER FATHER

11. Industry or business _____
 12. Name John Brown
 13. Birthplace County Cork Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary
 15. Birthplace County Cork Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant JOHN BROWN
 (b) Address 41 MOODY AVE

17. (a) BURIAL (b) Date thereof SEPT-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.
 (d) Signature of funeral director Parker Bond Co

(e) Address WEBSTER GROVES MO
 (f) 9-27-48 (g) Sciles
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town Webster Groves Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 41 Moody Ave
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
 year 1948 hour 2 minute 45 P.M.
 21. I hereby certify that I attended the deceased from years
 _____, 19____, to _____, 19____;
 that I last saw him alive on 9/25/48
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis - senility
 Duration year

Due to _____ 97
 Due to _____

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

Major findings:
 Of operations none
 Of autopsy none

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) none
 (b) Date of occurrence _____
 (c) Where did injury occur? none
 (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) (e) Means of injury _____

23. Signature James P. Gamm (M. D. or other) md
 Address 13 N Gore, Webster Groves No. _____ Date signed 9/27/48

Number entries -

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 Leslie Welch
Licensed Embalmer No. 4395
P. O. Address Walster Groves

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.