

S. No. 39
DM - 10-47
Rev. 5-17-39
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41316

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 10868

FILED JAN 11 1949

318

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis 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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. MacArthur Hotel, 100 No. Broadway,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Brown,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1948 hour 9:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male, 5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: January 20, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 25
If less than one day _____ hr. _____ min.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of brain Duration _____
Coronary Hypertrophy

Due to splenomegaly

Due to _____

9. Birthplace: Fort Worth, Texas,
(City, town, or county) (State or foreign country)

10. Usual occupation: Peddler,

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death): 95

MOTHER FATHER

12. Name: Unknown;

13. Birthplace: Unknown, 7
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown,

15. Birthplace: Unknown, 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Eva M. Weaver,

(b) Address 202 W. Stein St.,

17. (a) Burial (b) Date thereof 12/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) DEC 11 1948 (b) J. B. Dasater
(Date received for registration) (Registrar's signature)

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? _____

What at work? _____ (Specify type of place)

Means of injury: 3

Signature: Patrick E. Taylor (M. D. or other) _____

Address: 1200 Clark Date signed: 12-15-48

WRITE PLAINLY—USE 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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Loren E. Percy.....

Licensed Embalmer No.....4094.....

2842 Meramec St.,

P. O. Address.....St. Louis, 18, 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.