S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41317

FILED JAN 11 1949

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10856

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 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. N.R. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samuel Leroi Brown

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Annie Brown

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 20 (Day) 1902 (Year)

8. AGE: Years 46 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Terrill (City, town, or county) Texas (State or foreign country)

10. Usual occupation Packing Engineer

11. Industry or business

FATHER
12. Name Sherman Brown
13. Birthplace Unknown (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name Emma Townsend
15. Birthplace Unknown (City, town, or county) G (State or foreign country)

16. (a) Informant Annie Brown
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 15 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 9 minute 00 P.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 Cerebral Apoplexy

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 [signature] (M. D. or other)
Address [signature] Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Irving W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.