

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6001**  
**1849**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Infirmiry Hospital</b> 07		d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>BROWN</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>2 15 1949</b>
5. SEX <b>M.</b>	6. COLOR OF HAIR <b>Earl</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1883 abt 66</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Clark Hendricks</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hendricks</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Record</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus - Diabetic coma</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> ANTECEDENT CAUSES DUE TO (b) <b>Renal Failure - Nephrosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Partial Head med</b>		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 1, 1948</b> to <b>Feb 15, 1949</b> , that I last saw the deceased alive on <b>Feb 15, 1949</b> , and that death occurred at <b>9:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Masao Ohno M.D.</b>		23b. ADDRESS <b>5800 Arsenal</b>	23c. DATE SIGNED <b>2/16/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>FEB 28 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>Feb 28 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service</b> 4104 Manchester Ave.	

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.