

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14411
Registrar's No. 762

BIRTH NO. _____		REG. DIST. NO. <u>512</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>762</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		d. STREET ADDRESS (If rural, give location) <u>2553 Tyrell Drive.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2553 Tyrell Drive</u>				d. STREET ADDRESS (If rural, give location) <u>2553 Tyrell Drive.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>E.</u> c. (Last) <u>BROWNING.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 17, 1906</u>		
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Christian Board of Publication</u>			11. BIRTHPLACE (State or foreign country) <u>Galt, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>America</u>			13a. FATHER'S NAME <u>Harvey H. Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Briegal</u>		14. NAME OF HUSBAND OR WIFE <u>Anna S. Browning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-0519</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna S. Browning, 2553 Tyrell Dr.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho genic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>470</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Dec 1948</u> , to <u>March 28, 1949</u> , that I last saw the deceased alive on <u>Mar. 28, 1949</u> , and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. J. Houch</u>				23b. ADDRESS <u>1902 Riverview Blvd.</u>		23c. DATE SIGNED <u>3-29-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>March 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-29-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home, 1167 Hamilton Avenue</u>				

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

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Dr. N.J. Hornick
8902, Riverman
1-4

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

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed George H. Remick

Licensed Embalmer No. 4283

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.