S. No. 300
v. 10-48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22055

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1424

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Co. 11
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Penn Nursing Home 4411 Gordon Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland 96
d. STREET ADDRESS (If rural, give location) 2417 Verona 10

3. NAME OF DECEASED (Type or Print)
a. (First) Ora
b. (Middle) May
c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) June 13, 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 30. 1867
9. AGE (In years last birthday) 82 — If under 1 year: Months 4, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME ? Martin
13b. MOTHER'S MAIDEN NAME Unknown Greenway
14. NAME OF HUSBAND OR WIFE Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Churchill H. Brown — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhages	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardio vascular disease	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Malnutrition - dehydration and decubitus of back	4 wk+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 93d
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1949, *to* June 13, 1949, *that I last saw the deceased alive on* June 13, 1949, *and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis Littmann MD
23b. ADDRESS 8231 Clayton Rd 17
23c. DATE SIGNED 6/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Valhalla
24d. LOCATION (City, town, or county) (State) St Louis Co.

DATE REC'D BY LOCAL REG. 6-16-49
REGISTRAR'S SIGNATURE Thomas G Lunnigan
25. FUNERAL DIRECTOR'S SIGNATURE Bannmann Bros Inc. — ADDRESS Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

96
8
V.

Valhalla Lot 472 Sec 20

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. ..... REGISTRY REG. DIST. NO. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION
e. STREET ADDRESS (If rural, give location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last)
d. DATE OF DEATH (Month) (Day) (Year)

4. SEX
5. COLOR OR RACE
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
7. DATE OF BIRTH
8. AGE (Last birthday) Years
If under 1 year: Months Days
If under 1 hour: Hours Min.

9. BIRTHPLACE (State or foreign country)
10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
11. CITIZEN OF WHAT COUNTRY?

12a. FATHER'S NAME
12b. MOTHER'S MAIDEN NAME
14. NAME OF INFORMANT OR PERSON FILING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME
ADDRESS

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, asphyxia, anemia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
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
III. MAJOR FINDINGS OF OPERATION
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 34524 Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed David C. Gibson Licensed Embalmer No. 3444

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.

21a. PLACE OF INJURY (Specify)
21b. PLACE OF INJURY (Street, Home, Farm, Factory, Office, etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. HOW DID INJURY OCCUR
21e. INJURY OCCURRED (Home) (Farm) (Factory) (Office) (Street) (Other) ☐ WORK ☐ AT WORK
21f. ADDRESS
21g. INDUSTRY (Specify)
21h. OCCUPATION (Degree or title)
21i. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
25a. FUNERAL DIRECTOR'S SIGNATURE
25b. ADDRESS
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE

WHITE — STATE RECORD
BLUE — LOCAL REGISTRAR'S RECORD
PINK — FUNERAL DIRECTOR'S RECORD