

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27900
2014

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (Specify place) 5 weeks		d. STREET ADDRESS (If rural, give location) 6455 Marmaduke Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Mo. Pacific Hospital		3	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Mason c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) Aug 9, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 12, 1882	9. AGE (In years last birthday) 67	10. CITIZEN OF WHAT COUNTRY? U S A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Switchman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (State or foreign country) Staunton, Ill.	

13a. FATHER'S NAME Charles Brown	13b. MOTHER'S MAIDEN NAME America McKinney	14. NAME OF HUSBAND OR WIFE Hilda Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hilda Brown 6455 Marmaduke Ave.

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, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphosarcoma DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 53
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2nd floor

22. I hereby certify that I attended the deceased from 1st, 1949, to 9 Aug, 1949, that I last saw the deceased alive on 9 Aug, 1949, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE John J. Lawrence, M.D.	23b. ADDRESS 1755 So. Grand St. Linn, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
		24d. LOCATION (City, town, or county) (State) Affton, Mo.

DATE REC'D BY LOCAL REG. AUG 11 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mort. 6464 Chippewa
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Linus C. Hoffmeister

Signed _____

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.