

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31631**
8542
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE East St Louis b. COUNTY St Clair	
b. CITY OR TOWN Saint Louis	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN East St Louis Ill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) N.B.	

3. NAME OF DECEASED (Type or Print)	a. (First) Catherine	b. (Middle) Mary	c. (Last) Brower	4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-15-72	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Richard Peak	13b. MOTHER'S MAIDEN NAME Nancy Crow	14. NAME OF HUSBAND OR WIFE Robert Brower
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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 Firmin Desloge Hospital ADDRESS 1325 South Grand Avenue
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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 yr +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of pancreas and adrenal.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) St Clair (STATE) Ill
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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? 2 led X
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22. I hereby certify that I attended the deceased from **August, 1949**, to **Oct 3, 1949**, that I last saw the deceased alive on **Oct 2, 1949**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James B. Stobbs M.D.	23b. ADDRESS 1325 S. Grand	23c. DATE SIGNED 10-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE OCT 4 1949	24c. NAME OF CEMETERY OR CREMATORY East St Louis	24d. LOCATION (City, town, or county) (State) East St Louis Ill
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DATE REC'D BY LOCAL REG. OCT 4 1949	REGISTRAR'S SIGNATURE J. B. Sasata	25. FUNERAL DIRECTOR'S SIGNATURE Charles Brown ADDRESS East St Louis
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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.

Not Embalmed

Student

Student Embalmer

Signed

Charles G. Burns

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.