

FILED NOV 5 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34969

State File No. ....

BIRTH NO. 107126-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9268

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 2115 So 7th</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Baby</u> b. (Middle) c. (Last) <u>Brown #2</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10 21 49</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>U</u>	<b>8. DATE OF BIRTH</b> <u>10-20-49</u>
<b>9. AGE</b> (In years last birthday) <u>7</u> <b>MONTHS</b> <u>4</u> <b>DAYS</b> <u>3</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> <u>Jesse James Brown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Etta Medres</u>		<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Anna Etta Brown 2115 So 7th</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		

<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Prematurity</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>✓</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Pre-eclampsia of mother</u> <b>DUE TO (c)</b> <u>✓</u>		

<b>19a. DATE OF OPERATION</b> <u>✓</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>✓</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>✓</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b> <u>129</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>✓</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>776X</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 10-20, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Charles E. Sutton MD</u>		<b>23b. ADDRESS</b> <u>15258 Grand St Louis Mo</u>		<b>23c. DATE SIGNED</b> <u>10/21/49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>10-28-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>CALVARY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST LOUIS MO</u>	
<b>DATE REC'D BY LOCAL REGISTRAR</b> <u>OCT 28 1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Sauter</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Cullen - Kelly</u>
				<b>ADDRESS</b> <u>4386 Sulest</u>

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

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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.

Student .....  
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

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.