

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38389**

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

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 224	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY St. Charles		a. STATE Missouri		b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 5 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 1124 Hall Street			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Veronica		b. (Middle) Mary	c. (Last) Browning		(Month) December	(Day) 4	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 1-1899		9. AGE (In years last birthday) 50	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home duties		11. BIRTHPLACE (State or foreign country) Garnet, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wolken		13b. MOTHER'S MAIDEN NAME Frances List		14. NAME OF HUSBAND XXXXXXXX Elbert Browning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-18-5215		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elbert Browning--St. Charles, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomata metastasis				6 mo.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis					
		DUE TO (c) Carcinoma of Ovary				1 yr.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				175X	
19a. DATE OF OPERATION July 19/49		19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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 July 19th, 1949 , to Dec 4th, 1949 , that I last saw the deceased alive on Dec 4th, 1949 , and that death occurred at 5:15 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Enrich, M.D.				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 12/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 7-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri		
DATE REC'D BY LOCAL REG. 12-5-49		REGISTRAR'S SIGNATURE Pauline Hamelton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Hallmeyer & Sons Co. 800 N. 2nd--St. Charles, Mo.			

District File Number.....
District Health Officer No. 9
RECEIVED DEC 10 1948

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 Herbert C Dellmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.