

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38553

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10188		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 47 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		d. STREET ADDRESS (If rural, give location) W.R. 7209 Waterman Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital								
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Hart c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1949					
5. SEX male		6. COLOR OR RACE white		7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 14, 1879		
9. AGE (In years last birthday) 70		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) Professor			10b. KIND OF BUSINESS OR INDUSTRY Washington Univ.		11. BIRTHPLACE (State or foreign country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John True Brown			13b. MOTHER'S MAIDEN NAME Mary Kerr			14. NAME OF HUSBAND OR WIFE Josephine M.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.#1			16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Josephine M. Brown			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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. Carcinoma of prostate, metastatic to bone.					
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) St. Louis		
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? Heart				
22. I hereby certify that I attended the deceased from Oct 11 , 19 49 , to Nov. 26 , 19 49 , that I last saw the deceased alive on Nov. 26 , 19 49 , and that death occurred at 1:55A m. , from the causes and on the date stated above.								
23a. SIGNATURE H. Bradley				(Degree or title) M.D.		23b. ADDRESS Barnes Hospital		
23c. DATE SIGNED 11/26/49		24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 11-27-49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.				
DATE REC'D BY LOCAL REG. NOV 26 1949		REGISTRAR'S SIGNATURE J. B. ...						

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.