

FILED NOV 21 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39491

State File No. 3063
Registrar's No. 4365

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464

1. PLACE OF DEATH a. COUNTY St. Louis		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 Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) Rt. 7--Box 631-B	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) Martha Brown			4. DATE OF DEATH (Month) (Day) (Year) November 9, 49		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH About 1857		9. AGE (In years last birthday) abt. 92		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MIN. Hours		IF UNDER 10 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY as given			11. BIRTHPLACE (State or foreign country) Not known			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME Not known			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE Deceased		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Caroline Ransom, Rt. 7-Box 631B Overland				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arteriosclerotic cardiovascular disease rise to the above cause (a) stating the underlying cause last. DUE TO (c) Occlusive peripheral arterial disease						493X	
		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 type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **Nov. 8, 1949**, to **Nov. 9, 1949**, that I last saw the deceased alive on **Nov. 9, 1949**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.R. Cobb M.D.		23b. ADDRESS 601 So. Brentwood, Clayton		23c. DATE SIGNED 11-9-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/10/49		24c. NAME OF CEMETERY OR CREMATORY Shelbyville, Tennessee		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 11-10-49		REGISTRAR'S SIGNATURE Herbert G. Womke		FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates		ADDRESS 4107 Finney Avenue	
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WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46
11-10-49

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 John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.