

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42313

State File No. \_\_\_\_\_  
Registrar's No. 10875

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 <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2919 Lemps Ave (Rear)</u>			d. STREET ADDRESS (If not, give location) <u>2919 Lemps Ave (Rear)</u>		
3. NAME OF DECEASED a. (First) <u>Jewel</u> b. (Middle) _____ c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 6, 1883</u>		9. AGE (In years last birthday) <u>66</u> 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) <u>Service Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carter Carb. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Martha</u>		13c. NAME OF HUSBAND OR WIFE <u>Mrs. Lutude Cooke BROWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lutude Cooke BROWN</u> ADDRESS <u>2919 Lemps Ave</u>		
18. CAUSE OF DEATH (Specify one or list (a), (b), and (c)) <u>Who does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypotension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Creeping Paralysis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) <u>102</u>	
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? <u>Mit</u>	
22. I hereby certify that I attended the deceased from <u>July 30, 1949</u> , to <u>Dec 16, 1949</u> , that I last saw the deceased alive on <u>Dec 15, 1949</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Martin L. Brockmeier</u>		23b. ADDRESS <u>830 N. Kingshighway</u>		23c. DATE SIGNED <u>12/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>DEC 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasales</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reiderwieden F.H. Inc.</u> ADDRESS _____	

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

Dr. Martin L. Brockmire  
830 W. Kingsbury Ave.  
Forest 3933 at 2:30 P.M.

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. 4114

P. O. Address 1936 St Louis Ave

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of St. Louis } ss.

State File No. 42313  
Local Registrar's No. 10875

AFFIDAVIT FOR CORRECTION OF A RECORD  
1950

On this 5 day of January, ~~xxxx~~, before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for Jewel Brown <sup>died</sup> ~~born~~ Jewel Brown, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 14 should read Mrs. Gertrude Brown

Instead of..... Mrs. Gertrude Cooke

Item No. 17 should read Mrs. Gertrude Brown

Instead of..... Mrs. Gertrude Cooke

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant: Beedemreden funeral home <sup>Fun. Dir.</sup>  
Relationship. Pea Gus Cool

1936 St. Louis <sup>va</sup>

Present Address.

Subscribed and sworn to before me this 5 day of January, ~~xxxx~~ 1950

My Commission expires March 4 1953 Ben C. Paddock Notary Public.

