

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42315-10928**
Registrar's No. **10928**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 26- 1813a North 10th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Birth c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1949				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) separator		8. DATE OF BIRTH Mar. 4. 1904	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 9 Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Osby		13b. MOTHER'S MAIDEN NAME Mattie ?		14. NAME OF HUSBAND OR WIFE ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 1813a N. 10th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cirrhosis of Liver		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver				INTERVAL BETWEEN ONSET AND DEATH Undet.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
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) 124			
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? 3810			
22. I hereby certify that I attended the deceased from 11-22 , 19 49 , to 12-14 , 19 49 , that I last saw the deceased alive on 12-14 , 19 49 , and that death occurred at 3:20p m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Hedrick, D. O.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-20-49		24c. NAME OF CEMETERY OR CREMATORY Nooker Washin ton		24d. LOCATION (City, town, or county) (State) E. S. Louis, Ill.,	
DATE REC'D BY LOCAL REG. DEC 20		REGISTRAR'S SIGNATURE L. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Nash 3847 Page			

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

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. 2432

P. O. Address 3877 Paga Boul.

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.