S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNIV CLUB BLDG 3-5-1950

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11421

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 781

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 670 HOLLYWOOD PLACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 670 HOLLYWOOD PLACE

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3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): FERN
c. (Last): BROWMAN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 25, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: AUG. 19, 1897
9. AGE (In years last birthday): 52 — 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): BOOKKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: LAMMERT FURNITURE Co.
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: FRANK RICHARD FERN
13b. MOTHER'S MAIDEN NAME: ANNA ROESSLER
14. NAME OF HUSBAND OR WIFE: FRANK BROWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-28-2612
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS HELEN HOFFMANN 670 HOLLYWOOD PL.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — to Brain & arm.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of right breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: about 1935
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right Breast 170X
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/5, 1949, *to* 3/25, 1950, *that I last saw the deceased alive on* 3/23, 1950, *and that death occurred at* 10:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: George A. Carroll (Degree or title): M.D.
23b. ADDRESS: 607 N. Grand
23c. DATE SIGNED: 3/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAR. 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: MOUNT CARMEL CEM.
24d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS

DATE REC'D BY LOCAL REG.: MAR 26 1950
REGISTRAR'S SIGNATURE: Herbert Blomke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. J. Robert Liv + Und Co. 1905 So. GRAND
(Licensed Embalmer) (See Statement on Reverse Side)

TIE

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.