

No. 300
0.48
FILED MAY 11 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15291

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 1151		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (In this place) 42yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4326				
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 6543 Crest				d. STREET ADDRESS (If rural, give location) 6543 Crest				
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Browne		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed Y		8. DATE OF BIRTH Dec. 30, 1869		9. AGE (In years, last birthday) / UNDER 1 YEAR / UNDER 1 WEE. 80yrs Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home.		11. BIRTHPLACE (State or foreign country) Shirley Mo. Washington Co.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Perry Blount			13b. MOTHER'S MAIDEN NAME Mary Isabel Varner		14. NAME OF HUSBAND OR WIFE Charles Samuel Browne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Shirley Ewell 6805 Robbins				
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) art. sclerosis H-D. Generalized atherosclerosis ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture femoral neck 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 Years March 49 4 2005	
19a. DATE OF OPERATION Mar. 49		19b. MAJOR FINDINGS OF OPERATION Celex reduction				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) 4200				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 22 1949 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall				
22. I hereby certify that I attended the deceased from March , 19 49 , to May 3 , 19 50 , that I last saw the deceased alive on May 3 , 19 50 , and that death occurred at 5:25 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Laverne Salt (Degree or title) M.D.				23b. ADDRESS 4500 Olive St. Louis 8		23c. DATE SIGNED 5/4/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL MAY 4 1950		REGISTRAR'S SIGNATURE Richard R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 16176 Delmar				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Sale
4500-oline
Fo 2757
1.30-4

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 Jrs. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6175 Palmar

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.