

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18024
 State File No. 4336
 Registrar's No.

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 town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			d. STREET ADDRESS (If rural, give location) 4104 Finney				
3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) _____		c. (Last) Brown			
4. DATE OF DEATH (Month) (Day) (Year) 5/12/50		5. SEX Male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 9/15/01		9. AGE (In years last birthday) 48 IF UNDER 1 YEAR: Months 6 Days 27 IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion picture Operator		10b. KIND OF BUSINESS OR INDUSTRY Comet Theatre		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Brown		13b. MOTHER'S MAIDEN NAME Georgia Unknown			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 492-422-508			
17. INFORMANT'S SIGNATURE OR NAME Mr. James		ADDRESS 4104 Finney Avenue					
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) Malignant Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis 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 _____		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) _____			
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? 592X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Hasell (Degree of title) _____		23b. ADDRESS 4270^a N. Finney Ave		23c. DATED SIGNED 5-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REGISTRY MAY 15 1950		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Avenue			

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

D. H. H. H.

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SEP 20 1950

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 *John L. Cunningham*.....

Signed.....
Student Embalmer

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.