

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1950

State File No. 21402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5445

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis  
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) St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129  
d. STREET ADDRESS (If rural, give location) 406 Clara Ave. 6

3. NAME OF DECEASED  
a. (First) HERMAN  
b. (Middle) N.  
c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year)  
June 21 1950

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH May 9, 1897

9. AGE (In years last birthday) 53  
IF UNDER 1 YEAR Months \_\_\_\_\_  
IF UNDER 1 YEAR Days \_\_\_\_\_  
IF UNDER 1 YEAR Hours \_\_\_\_\_  
IF UNDER 1 YEAR Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sterotypyter-St. Louis Post Dispatch  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Ernest Brown

13b. MOTHER'S MAIDEN NAME Dora M. Albright

14. NAME OF HUSBAND OR WIFE Mabel Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes World War 1

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mabel Brown 406 Clara Ave.

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Coronary Art. sclerosis  
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  
5 hours

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_ H2O1

22. I hereby certify that I attended the deceased from 10/15/49, 19\_\_\_\_, to 6/20/50, 19\_\_\_\_, that I last saw the deceased alive on 6/21, 1950, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE O. T. Stack (Degree or title) \_\_\_\_\_

23b. ADDRESS Sumner St. Springfield Mo.

23c. DATE SIGNED 6/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)

24b. DATE 6-22-50

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. JUN 22 1950 REGISTRAR'S SIGNATURE J. B. Sauter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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

3604 Washington  
Call 21145

**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 Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

**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.