

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21404

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5269**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS		d. STREET ADDRESS (If rural, give location) 2303 1/2 COLE ST	
3. NAME OF DECEASED (Type or Print) a. (First) HOUIS b. (Middle) c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) 6-14-50	
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept 9 1894
9. AGE (In years last birthday) 53		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Southern Wood	11. BIRTHPLACE (State or foreign country) Port Gibson Miss.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Harold Brown		13b. MOTHER'S MAIDEN NAME Emma Eans	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) WORLD WAR #1		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Viola Cole ADDRESS 2303 1/2 Cole St.
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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? 334X	
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 3:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE John Henry Deputy Coroner (Degree or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/16/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-21-50	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRICK MO.
DATE OF REG. JUN 16 1950	REGISTRAR'S SIGNATURE J. B. Sasatka	25. FUNERAL DIRECTOR'S SIGNATURE F. Walton ADDRESS 2707 STODDARD	

Embalmer's separate cert filed

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.....

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.