

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28044

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7289

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>		b. COUNTY <i>22</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2909 1/2 Lantton Blvd</i>				d. STREET ADDRESS (If rural, give location) <i>2909 Lantton Blvd</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lillian</i> b. (Middle) <i>Brown</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>8-23-50</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Gold</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-23-1885</i>	9. AGE (In years last birthday) Months Days	IF UNDER 1 YEAR Hours Min. IF UNDER 2 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Nellshouse Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Daniel O'Neal</i>		13b. MOTHER'S MAIDEN NAME <i>Charlotte ?</i>		14. NAME OF HUSBAND OR WIFE <i>Henry Brown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Beauloh Hudsey 2909 Lantton</i>			
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) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility, cholecystitis & gastritis</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H/O</i>			
22. I hereby certify that I attended the deceased from <i>May 2</i> , 1950, to <i>Aug. 23</i> , 1950, that I last saw the deceased alive on <i>Aug. 22</i> 1950, and that death occurred at <i>10P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Mourne H. Little M.D.</i>				23b. ADDRESS <i>3167 Sheridan</i>		23c. DATE SIGNED <i>8-25-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-28-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>AUG 28 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. H. Neal 2726 Lucas</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Leroy W. Bannister*

Licensed Embalmer No..... *4523*

P. O. Address..... *3880 Easton Ave.*

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.