FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28047

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7501

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 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) 3882 WALSH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2159
15
d. STREET ADDRESS (If rural, give location) 3882 WALSH

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) SEPT 1 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH SEPT 14 1877
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BRICKLAYER
10b. KIND OF BUSINESS OR INDUSTRY BRICKLAYER
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRIST BROWN
13b. MOTHER'S MAIDEN NAME SARAH FLEISCHER
14. ~~NAME OF HUSBAND~~ OR WIFE THEKLA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) I
16. SOCIAL SECURITY NO. 494-05-5015
17. INFORMANT'S SIGNATURE OR NAME ADDRESS THEKLA BROWN 3882 WALSH

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 yrs.
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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* July 1 *19*49, *to* Sep 1, *19*50, *that I last saw the deceased alive on* Sep 1, *19*50, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edw. W. Czibrinski M.D.
23b. ADDRESS 3701 Grandel Sq
23c. DATE SIGNED Sep 2, 1950

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) BURIAL
24b. DATE SEPT 4 1950
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. SEP 3 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

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

X

OCT 3 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 James C Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.