

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31560
Registrar's No. 7895

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7895	
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3239 No. Ninth St.				d. STREET ADDRESS (If rural, give location) No 3239 No. Ninth St.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) _____		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 3, 1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Lead Foundry		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Andrew Brown		13b. MOTHER'S MAIDEN NAME Mary Heil		14. NAME OF HUSBAND OR WIFE Alice Gibson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily Maier 7035 Plainview 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) Carcinoma of the stomach. 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.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No surgery.				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) _____		21f. HOW DID INJURY OCCUR? 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 5-27-1950, to Last part of August, 1950, that I last saw the deceased alive on Approximately 8, and that death occurred at 10:00A.M., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS 4930 Lindell Blvd. Saint Louis, Mo.		23c. DATE SIGNED 9-18-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoimeister Colonial Mortuary 646 Chippewa St.			

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

ml

Dr. Frank Smith

F 0 2 8 2 5

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 *James C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.