

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34628**  
**8335**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2057</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bernard Nursing Home</b>				f. STREET ADDRESS (If rural, give location) <b>6188 McPherson</b>			
3. NAME OF DECEASED a. (First) <b>Charlotte</b>		b. (Middle) <b>Isabel</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) <b>Oct.</b> (Day) <b>3,</b> (Year) <b>1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Nov. 28, 1868</b>	9. AGE (In years last birthday) <b>81yrs</b>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Public Sch.</b>		11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter I. Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Anna M. Wright</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Constance Brown</b> ADDRESS <b>5131 Kenna La</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumogenic Carcinoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7</b>	
		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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no operation</b>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>4-27, 1950</b> , to <b>10-2, 1950</b> , that I last saw the deceased alive on <b>10-1, 1950</b> and that death occurred at <b>8:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. Hayler M.D.</b> (Degree or title) _____				23b. ADDRESS <b>5899 Delmar</b>		23c. DATE SIGNED <b>10-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Oct. 3, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SVALLHALLA CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons</b> ADDRESS <b>16175 Delmar</b>			

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

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Dr L F Hayden  
5899 Delmar  
Ca 7201

F07880

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**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. \_\_\_\_\_

*W. F. Hayden*  
Signed \_\_\_\_\_

Student .....  
Student Embalmer

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.