

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

34631  
State File No. 8341  
1003  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		STREET ADDRESS (If rural, give location) 3222 Chouteau	

3. NAME OF DECEASED (Type or Print) Joe	a. (First)	b. (Middle)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1950
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 15-1905	9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Brown	13b. MOTHER'S MAIDEN NAME Bettie	14. NAME OF HUSBAND OR WIFE Ethel Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ethel Brown

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Delirium Tremens DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Second Degree burns left leg			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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? 307X

22. I hereby certify that I attended the deceased from 9-30, 19 50 to 10-2, 19 50 that I last saw the deceased alive on 10-2, 19 50 and that death occurred at 6:35a m., from the causes and on the date stated above.

23a. SIGNATURE M. Lawrence	(Degree or title) M. D. U	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 10-3-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 5. 50	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis. County. MO.

DATE REC'D BY LOCAL REG. OCT 3 1950	REGISTRAR'S SIGNATURE J B Basola	25. FUNERAL DIRECTOR'S SIGNATURE J J Dutton	ADDRESS 2429 Chouteau
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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 \_\_\_\_\_

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

**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.