

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42043

State File No. 10307
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2219</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1341 No. GARRISON AVE.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>HOMER G. PHILLIPS HOSPITAL</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>NELSON</u> c. (Last) <u>BRODIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-50</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>		8. DATE OF BIRTH <u>6-25-49</u>			
9. AGE (In years last birthday) <u>ONE</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. - 0</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Odie Brodie</u>		13b. MOTHER'S MAIDEN NAME <u>Clemie Walker</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Odie Brodie - 1341 No. Garrison Ave.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>cold</u> rise to the above cause (a) stating the underlying cause last. 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				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? <u>HAIL</u>					
22. I hereby certify that I attended the deceased from <u>11-23, 1950</u> , to <u>11-30, 1950</u> , that I last saw the deceased alive on <u>11-30, 1950</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Registrar in Chgo</u>				23b. ADDRESS <u>3000a Easton</u>		23c. DATE SIGNED <u>12-2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lake Park 13437 Garrison</u>					

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.....

Arthur P. Heuland

Signed.....

Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.