

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) 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 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 7210 North Broadway 0	

3. NAME OF DECEASED (Type or Print)
a. (First) Mamie b. (Middle) c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year)
12-13-50

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH March 6, 1883 9. AGE (In years last birthday) 67 1/2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Brinkmann 13b. MOTHER'S MAIDEN NAME Matilda Hafner 14. NAME OF HUSBAND OR WIFE Steven Brown deceased

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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. Charles S. Meier 7210 N. Broadway

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) Emaciation, extreme
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach?
DUE TO (c) RENAL INSUFFICIENCY
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 years
?

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? 157X

22. I hereby certify that I attended the deceased from 12-11-50, 19____, to 12-13-50, 19____, that I last saw the deceased alive on 12-13-50, 19____, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. Goehausen M.D. 23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo. 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1) 24b. DATE 12-18-50. 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. DEC 15 1950 REGISTRAR'S SIGNATURE J. B. Pascoe 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

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 _____

Harold Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. *42030*

P. O. Address *St Louis Mo*

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.