

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42052**Registrar's No. **10545**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10545			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ 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 2229					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				STREET ADDRESS (If rural, give location) 22 2641 1/2 Scott					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Brown			4. DATE OF DEATH Dec 8, 1950		5. SEX F 3		6. COLOR OR RACE Col		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH Oct 5, 1880		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ark		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Jim Mason			13b. MOTHER'S MAIDEN NAME Unknown		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) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Jackson ADDRESS 2641 1/2 Scott				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of the Left Hip; Arteriosclerosis; suffered when deceased fell to the floor ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at her home at 2641-a Scott Ave., on Nov. 19th, 1950, at about 10:45 P.M. DUE TO (c) ACCIDENT						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION' _____				20. AUTOPSY? NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 64030		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/19/50 10:45 P.M.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Print name and title) _____			23b. ADDRESS 1300 Clay			23c. DATE SIGNED 12/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 14/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green ADDRESS 4214 Dolmar					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Christal E. Lewis

Student Embalmer No. *408*

working under my personal supervision.

Student *Christal E. Lewis*
Student Embalmer

Signed *J. A. Green*
Licensed Embalmer No. *2963*
P. O. Address *4214 Delmar*

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.