

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3301

State File No.

BIRTH NO. 85012-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS CO. WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>549 E PACIFIC 4571</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>545 E. Pacific.</u>			

3. NAME OF DECEASED a. (First) <u>THOMAS</u> b. (Middle) <u>GIRARD</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 6 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>NOV 15 - 1950</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min. <u>1 22</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>FRANK H. BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>BERNADINE I. FOHRMANN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, and if known) (If yes, give branch or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK H BROWN</u>	
				ADDRESS <u>545 E. Pacific</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fulminating septicemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(bacterial type unspecified)</u> DUE TO (c) <u>0534</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Lomke</u> (Degree or title) Local Registrar, Vital Statistics		23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>1-6-51</u>	
24a. BURIAL, CREMATION, REBURY (Specify)		24b. DATE <u>1-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO</u>	

DATE REC'D BY LOCAL REG. <u>1/6/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WING BERMUEZ</u>	
				ADDRESS <u>3809 S Grand</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. _____

Student
Student Embalmer

Signed George King Bernmeier
Licensed Embalmer No. 4611

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.