S. No. 300
V. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9927
2576

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: McCoupin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gillespie 8129
d. STREET ADDRESS (If rural, give location): RR#1

3. NAME OF DECEASED (Type or Print)
a. (First): Dave
b. (Middle): (DAVID)
c. (Last): Brown

4. DATE OF DEATH (Month): 3 (Day): 21 (Year): 51

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 1, 1888
9. AGE (In years last birthday): 62 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Salvage
10b. KIND OF BUSINESS OR INDUSTRY: Scrap
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Kapish Brown
13b. MOTHER'S MAIDEN NAME: Bluma Brody
14. NAME OF HUSBAND OR WIFE: Hazel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hazel Brown — **ADDRESS**: Gillespie, Ill

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) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myelogenous leukemia — 1 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Thrombocytopenic purpura; Cholecystectomy

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?

22. *I hereby certify that I attended the deceased from* 2/18, 1951, *to* 3/21, 1951, *that I last saw the deceased alive on* 3/21, 1951, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Bradley (Degree or title): D. M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 3/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/51
24c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrash Hagodol
24d. LOCATION (City, town, or county) (State): LaDue Mo.

DATE REC'D BY LOCAL REG.: MAR 22 1951
REGISTRAR'S SIGNATURE: J. B. Lanette
25. FUNERAL DIRECTOR'S SIGNATURE: Berger Memorial **ADDRESS**: 4115 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4529

P. O. Address.....

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.