

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9929

Registrar's No. 2001

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9929		Registrar's No. 2001					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 28		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2209 0							
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at Barnes Hospit.				d. STREET ADDRESS (If rural, give location) 2247a Cass Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Milton		b. (Middle) J		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 2-26-1951							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-13-1912		9. AGE (In years last birthday) 38		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber				10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (State or foreign country) St Charles, Missouri				12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Ross Brown				13b. MOTHER'S MAIDEN NAME Ella Smalley				14. NAME OF HUSBAND OR WIFE Minnie					
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. 489-18-3818		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Brown 2247a Cass Ave							
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) _____ ANTECEDENT CAUSES A morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Coronary thrombosis</i>								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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H201</i>									
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 <i>1:48</i> P. M., from the causes and on the date stated above.													
23a. SIGNATURE <i>Samuel C. Taylor</i> (Degree or title) <i>Coroner</i>				23b. ADDRESS <i>1300 Clark</i>				23c. DATE SIGNED <i>3. 1. 51.</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-1-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County Mo</i>							
DATE REC'D BY LOCAL REG. <i>MAR 1 1951</i>		REGISTRAR'S SIGNATURE <i>J. Blanton</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hackmann-Baue St Charles Missouri</i>							

(Licensed Embalmer's Statement on Reverse Side)

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

3

Handwritten mark or signature

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

J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address. St Louis Missouri

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.