

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29080**

No. 300
10-48
FILED AUG 23 1951
REG #95701

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2847

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY GALLATIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN	
c. LENGTH OF STAY (Specify place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) H.	c. (Last) BROWNING	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 4, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-20-89	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LEXINGTON, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY BROWNING	13b. MOTHER'S MAIDEN NAME ANNA APPLE	14. NAME OF HUSBAND OR WIFE FLORENCE BROWNING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOUS MENINGITIS		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-27-51, 1951, to 8-4-51, 1951, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS MO.	23c. DATE SIGNED 8-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-5-51	24c. NAME OF CEMETERY OR CREMATORY Union Ridge	24d. LOCATION (City, town, or county) (State) New Haven, Ill.
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DATE REC'D BY LOCAL REG. 8-6-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS 1104 Manchester Ave. St. Louis 10, Mo.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address Ot Rana 10 M

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.