

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 38775  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 10586

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 60 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 E. Haven		f. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS g. DATE OF DEATH (Month) (Day) (Year) NOV. 26 - 51	
3. NAME OF DECEASED a. (First) LEMUEL b. (Middle) EDWARD c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) NOV. 26 - 51	
5. SEX Y MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 17 - 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71 11. BIRTHPLACE (State or foreign country) MISSISSIPPI
13a. FATHER'S NAME ALLEN BROWN		13b. MOTHER'S MAIDEN NAME UN KNOWN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494-09-7738	14. NAME OF HUSBAND OR WIFE GENEVA BROWN
17. INFORMANT'S SIGNATURE OR NAME GENEVA BROWN		17. INFORMANT'S SIGNATURE OR NAME GENEVA BROWN	
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) Generalized Convulsions ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) from Hypertension of kidney DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180XF	
19a. DATE OF OPERATION 6.12.51		19b. MAJOR FINDINGS OF OPERATION Fracture of femur nailed - Tissue Hypertension	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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			
22. I hereby certify that I attended the deceased from 4-4, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-15, 1951, and that death occurred at 7:25 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard S. Pruitt M.D.		23b. ADDRESS 6006 Virginia Ave	
23c. DATE SIGNED 11-28-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-1-51	
24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. NOV. 28 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PETTIS FUNERAL HOME 4181 WASHINGTON	

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 Esther N. Harris

Signed.....  
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.