

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38779

318

1003 State File No. 9987

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3839 Cozens</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Macea</u> b. (Middle) _____ c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 25 1904</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>La Clede Christy</u>		11. BIRTHPLACE (State or foreign country) <u>Mayfield Ky</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Sandy Brown</u>		13b. MOTHER'S M A D E N NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clasie Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-01-8975</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Al Dabney 3811 W Windsor</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>10-21</u> , 19 <u>51</u> , to <u>11-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>51</u> , and that death occurred at <u>6:10a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Samuel W. Barnes, D.</u>		23b. ADDRESS <u>2601 N Whittier</u>		23c. DATE SIGNED <u>11-8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blasone 1221 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.

Signed C. Croome

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

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.