

DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38781

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10824
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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4249 Harris Ave.		d. STREET ADDRESS (If rural, give location) 4249 Harris Ave.		
3. NAME OF DECEASED (Type or Print)		a. (First) Robert	b. (Middle) George	c. (Last) Brown
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH February 2, 1873
13a. FATHER'S NAME William Brown		13b. MOTHER'S MAIDEN NAME Anna Clampott		9. AGE (In years last birthday) 78
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 333-03-6994		11. BIRTHPLACE (State or foreign country) Ireland
17. INFORMANT'S SIGNATURE OR NAME Mrs. Essie N. Brown		ADDRESS 4249 Harris 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal ulcer DUE TO (c) Apoplexy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 years 15 years 12 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? 5741.0
22. I hereby certify that I attended the deceased from <u>June</u> 19 <u>31</u> , to <u>Dec. 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>November</u> , 19 <u>51</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE J. R. [Signature]		23b. ADDRESS 539 No. Grand Blvd.		23c. DATE SIGNED 12/6/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-7-51.		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
DATE REC'D BY LOCAL REG. DEC 6 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		24d. LOCATION (City, town, or county) (State) Normandy, Missouri.
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.		

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 _____

Homer W. Prity

Licensed Embalmer No. _____

3882

P. O. Address _____

St. Louis

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.