

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

1003 State File No. 11473  
11473 Registrar's No. 11473

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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 <u>2189</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>			STREET ADDRESS (If rural, give location) <u>3649 Vista Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) _____		c. (Last) <u>Brown</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 25, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May 25, 1870</u>		9. AGE (In years last birthday) <u>81</u> # UNDER 1 YEAR Months _____ Days _____ # UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>Whitman, Mass.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Harrison Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Churchoff</u>	
14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Drew Taylor</u>		ADDRESS <u>3649 Vista Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic H. Disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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? <u>H200</u>	
22. I hereby certify that I attended the deceased from <u>9/24/</u> , 19 <u>51</u> , to <u>12/25/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/25/</u> , 19 <u>51</u> , and that death occurred at <u>1:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Malcolm B. Bawecwa</u>			23b. ADDRESS <u>6376 Clayton Rd</u>		23c. DATE SIGNED <u>Dec. 26, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
DATE REC'D BY LOCAL REG. OFF. <u>DEC 26 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred M. Williams</u>	
				ADDRESS <u>4535 Washington Blvd</u>	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed J. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

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.