

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6276

State File No. ....

FILED MAR 8 1952

318

1003

Registrar's No. 1441

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		4485	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1334 Highland Terrace</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>GRACE</u>		b. (Middle) <u>W.</u>		c. (Last) <u>BROWNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 19, 1885</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		IF UNDER 1 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Verona, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John R. Wilks</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Late Homer Browning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gerald W. Browning 1313 Big Bend Bl</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Art. Scl. &amp; Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Chr. Myocarditis</u>				_____	
		DUE TO (c) _____				_____	
		II. OTHER SIGNIFICANT CONDITIONS <u>Paralysis of the Tongue &amp; Pharynx</u>				_____	
		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 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H 2 2 2</u>			
22. I hereby certify that I attended the deceased from <u>Nov 24, 1950</u> , to <u>2/14, 1952</u> , that I last saw the deceased alive on <u>2/14, 1952</u> , and that death occurred at <u>2:45 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert J. Farrell M.D.</u> (Degree or title)				23b. ADDRESS <u>624 N. Union</u>		23c. DATE SIGNED <u>2/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u>		24b. DATE <u>2-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Verona, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 14 1952</u> <u>J. Carl Smith, Md</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>					

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

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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 Richard H. Stoverand

Licensed Embalmer No. 4007

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.