

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9557**

FILED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **4452** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY St. Charles		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 township) OR TOWN WENTSVILLE MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WENTSVILLE MO	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION WENTSVILLE MO			

3. NAME OF DECEASED (Type or Print) DELIA BROWN			4. DATE OF DEATH (Month) (Day) (Year) 3-24-52		
a. (First)		b. (Middle)	c. (Last)		

5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-18-1871		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hour	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) WENTSVILLE MO		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME ROBERT RACH		13b. MOTHER'S MAIDEN NAME ANNIE		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS CLAUDIA GRADY WENTSVILLE MO			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS 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? 4222 YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **3/2**, 19**52**, to **3/23**, 19**52**, that I last saw the deceased alive on **3/23**, 19**52**, and that death occurred at **11:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murray MD	23b. ADDRESS Wentzville MO	23c. DATE SIGNED 3/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-28-52	24c. NAME OF CEMETERY OR CREMATORY WENTSVILLE MO	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 3/27/52	REGISTRAR'S SIGNATURE Arthur P. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BENNIE LOVE 3103 WASHINGTON	
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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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.