

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

9748

State File No. ....  
Registrar's No. .... **3025**

No. 300  
10-48

**LED APR 12 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) <b>10-25-51 to 03-29-52</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		<b>2139</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry</b>			d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Marshall</b>	b. (Middle) <b>Stewart</b>	c. (Last) <b>Brown</b>	<b>March</b>		<b>29, 1952</b>

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widower</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 23, 1886</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 24 HRS.</b> Days	<b>IF UNDER 2 HRS.</b> Hours	<b>IF UNDER 15 MIN.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Illinois U.S.A.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
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<b>13a. FATHER'S NAME</b> <b>William Brown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>City Infirmiry Record</b>	<b>ADDRESS</b> <b>5800 Arsenal St.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Generalized Arteriosclerosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>Arteriosclerotic heart disease</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4200</b>
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**22. I hereby certify that I attended the deceased from Oct. 25, 1951, to March 29, 1952, that I last saw the deceased alive on Oct. 25, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Valerie Pusine Bowlich MD</i>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>5800 Arsenal St.</b>	<b>23c. DATE SIGNED</b> <b>3-29-1952</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>3-29-52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Leachville, Ark.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 31 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. C. Smith MD</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4108

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.