S. No. 300
v. 10.46

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21791

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5349

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

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2336 Eugenia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2229
d. STREET ADDRESS (If rural, give location) 22 2336 Eugenia St

3. NAME OF DECEASED (Type or Print) a. (First) E.D. b. (Middle) c. (Last) Brown

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-15-1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hermonville Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isach Brown
13b. MOTHER'S MAIDEN NAME Marie Lenard
14. NAME OF HUSBAND OR WIFE Emma Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-302344
17. INFORMANT'S SIGNATURE OR NAME Emma Brown ADDRESS 2336 Eugenia St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardio-Vascular Disease

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.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* 9/14 *19*52, *to* 6/8, *19*52, *that I last saw the deceased alive on* 6/8, *19*52, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. G. Taylor MD
23b. ADDRESS 3136 Choutaw
23c. DATE SIGNED 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-14-52
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St Louis County Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 11 1952 J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Davis & Broom ADDRESS 1405 Biddle St

(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 Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.