

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21794**

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5210**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis Mo	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 18 4588 Parkveiw Pl.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ROBERT	b. (Middle) L	c. (Last) BROWN	6	6	52
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Days	11. UNDER 2 HRS. Hours
8. DATE OF BIRTH Aug 17, 1888	9. AGE (In years last birthday) Abt 63	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ella Maiden	
				ADDRESS 4588 Parkveiw	

18. CAUSE OF DEATH Epler only one cause per line for (a), (b), and (c) Epilepsy		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 day
*This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of prostate			? ?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5-17-52		19b. MAJOR FINDINGS OF OPERATION Retroperitoneal mass at pelvis = Ovary carcinoma		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 177X	

22. I hereby certify that I attended the deceased from **5-8-52** to **6-6-52**, 19**52**, that I last saw the deceased alive on **6-6-52**, 19**52**, and that death occurred at **11:15 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE W. M. Eisel, M.D.		23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 6-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-52		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo	

DATE REC'D BY LOCAL REG. JUN 7 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
				ADDRESS 1926 Allen	

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Dale A. Sturman*

Licensed Embalmer No. *4533*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 21794
Local Registrar's No. 5210

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....
for Robert L. Brown ^{who soon} ~~died~~ ^{born} 6-6-52 oath, states that the original record of birth death
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read Aug. 17 - 1888

Instead of..... Abh 1886.

Item No. 9 should read age 63.

Instead of..... 66.

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ella Maiden Inf. Relationship.

4588 Parkview
Present Address.

Subscribed and sworn to before me this 14 day of July, 1945

My Commission expires 3-4-53 Ella C. Palber Notary Public.

