

MAILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25608

State File No.

No. 300
10-48

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6877

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6877			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY -- 2199					
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. LENGTH OF STAY (in this place) 30 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		d. STREET ADDRESS (If rural, give location) 4152, Delmar. Blvd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4152, Delmar. Blvd.					
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) _____		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 7 - 15 - 1952			
5. SEX Female		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12 - 25th, - 1891			
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 8		IF UNDER 24 HRS. Days 20 Hours 20 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Murphyboro Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Andrew Porter			13b. MOTHER'S MAIDEN NAME Rachel Dumdrew			14. NAME OF HUSBAND OR WIFE _____			
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. None		17. INFORMANT'S SIGNATURE OR NAME Nellie B. Brown		ADDRESS 4152 Delmar. Blvd.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor (chiasmoid)				ANECEDENT CAUSES Adenoma Pituitary body					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atelectasis both lungs. Fr. of neck of right femur; when she fell down the basement steps at 4152 Delmar Ave on July 6 1952 exact time unknown				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 fall down the basement steps at 4152 Delmar Ave on July 6 1952 exact time unknown					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION July 6 1952 exact time unknown				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 6 52 3 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? rod		E9000H			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 225A m., from the causes and on the date stated above. 21									
23a. SIGNATURE (Degree or title) Walter Perry Reynolds			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 7/16/52			
24a. BURIAL (CREMATION) REMOVAL (Specify) Removal		24b. DATE 7/21/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis. " Missouri			
DATE REC'D BY LOCAL REG. JUL 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE John Houston		ADDRESS 2829, Washington. Blvd			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Leroy W. Gannister*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4529*

P. O. Address..... *3880 Eastern Ave*

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.