

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36214**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9650**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. STATE Illinois c. COUNTY St. Clair	
c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1437a Bond Avenue	
3. NAME OF DECEASED a. (First) Frank b. (Middle) Brown c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) 10-17-52
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-12-1903
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR: Months 0 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Portland, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur Brown	
13b. MOTHER'S MAIDEN NAME Lovie Brown		14. NAME OF HUSBAND OR WIFE Lovie Brown	
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 Lovie Brown ADDRESS 1437a Brown
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension INTERVAL BETWEEN ONSET AND DEATH 3 months ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 445X	
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 12:30 P.M. , from the causes and on the date stated above.			
23. SIGNATURE Clifford A. Hancock (Degree or title)		23b. ADDRESS 3600 A 80 15 East Louis	23c. DATE SIGNED 10/18/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-20-52	24c. NAME OF CEMETERY OR CREMATORY Joker Washington	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
DATE REC'D BY LOCAL REG. OCT 20 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Noah ADDRESS 3847 Page	

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

M. Francis Nash

Licensed Embalmer No. *14434*

P. O. Address *3847 Page*

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.