

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40013**
Registrar's No. **10220**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5340 DELMAR BLVD.		d. STREET ADDRESS (If rural, give location) 5340 DELMAR BLVD.	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) LUELLA	c. (Last) BROWN.	4. DATE OF DEATH (Month) (Day) (Year) Nov/5, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 17, 1865.	9. AGE (In years last birthday) 87.	10. MONTHS 1	11. DAYS 29	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Robinson, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William L. Winkle.	13b. MOTHER'S MAIDEN NAME Martha Robinson.	14. NAME OF HUSBAND OR WIFE Wymard C. Brown.
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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 Naomi Ruth Brown,	ADDRESS 5340 Delmar.
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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 1 Day. 1 year. 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic. Arteriosclerosis (intermittent) DUE TO (c) None.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION None.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) None.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222
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22. I hereby certify that I attended the deceased from **Oct. 27, 1952**, to **Nov. 5, 1952**, that I last saw the deceased alive on **Nov. 5, 1952**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Scott Hayes, M.D.	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 11-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/7/52	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. NOV 6 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd;
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(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.