

STANDARD CERTIFICATE OF DEATH

2900

State File No.

FILED JAN 28 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0375

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louisc. LENGTH OF
STAY (in this place)
20 yrs.d. FULL NAME OF
HOSPITAL OR
INSTITUTION Homer G. Phillips Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

2119

d. STREET
ADDRESS

4312 West Belle Place

3. NAME OF
DECEASED

a. (First)

Hugh

b. (Middle)

c. (Last)

Brown

4. DATE
OF
DEATH

(Month) (Day) (Year)

1/8/53

5. SEX

Male

6. COLOR OR RACE

Negro

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

9/26/1903

9. AGE (in years
last birthday)

49

10. IF UNDER 1 YEAR
Months Days Hours Min.

3

11

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Painter

10b. KIND OF BUSINESS OR IN-
DUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Fort Valley, Georgia

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

John Brown

13b. MOTHER'S MAIDEN NAME

Anna Dawson

14. NAME OF HUSBAND OR WIFE

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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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Fannie Freeman, 4184 West Belle

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, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity 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 DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

21e. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR

491X

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 12:51 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Patrick E. Taylor Coroner

(Degree or title)

23b. ADDRESS

1300 Clark Avenue

23c. DATE SIGNED

1.13.53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24b. DATE

1/16/53

24c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

24d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

DATE REC'D BY LOCAL
REG.

JAN 13 1953

REGISTRAR'S SIGNATURE

J. Paul Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Chas. J. Gates

ADDRESS

4107 Finney Avenue

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Thomas J. Adams

Signed.....

Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.