V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2902

BIRTH NO. FILED FEB 11 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 7Mo, 11Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2139
d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) M. (Kugel) c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1953.

5. SEX Female. 3

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH June 14 Dec. 8 ~~1955~~ 1877

9. AGE (In years last birthday) 77 ~~75~~ | If UNDER 1 YEAR Months | Days | If UNDER 24 HRS. Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. C

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Lee

13b. MOTHER'S MAIDEN NAME Martha Walters

14. NAME OF HUSBAND OR WIFE Chas. Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease.

ANTECEDENT CAUSES
Morbid 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 DEATH

19a. DATE OF OPERATION

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from June 16, 1952, to Jan. 28, 1953, that I last saw the deceased alive on Jan. 28, 1953, and that death occurred at 3:00 a m., from the causes and on the date stated above.

23a. SIGNATURE Calvin Truman Rowdish (Degree or title) M D O

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 1-28-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 1-30-53

24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY

24d. LOCATION (City, town, or county) (State) St Louis Co

DATE REC'D BY LOCAL REG. JAN 29 1953

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher Uno. Co. 3013 Meramec

(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 Jack Haught

Licensed Embalmer No. 4746

P. O. Address [illegible]

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 2902

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

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No 1047

On this ..... day of ....., 195..., before me appears .....

....., who, upon ..... oath, states that the original record of birth death

for Lucy M. Brown, died born 1-28, 19 53, in the State of

Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 8. should read June 14 - 1877

Instead of 12-8- 1866.

Item No. 9 should read age 77

Instead of 86.

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

(SEAL)

Affiant Jack D Haupt F. Dau
Relationship.

3013 Meramec.
Present Address.

Subscribed and sworn to before me this 24 day of Feb. 195 3.

My Commission expires 3-4-57 Ella C. Pudbose Notary Public.

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

3-11-1895

V. S. 460

5-(2)2902

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St.Louis }

State File No. 2902

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1047

On this 11th day of February, 1953, before me appears Schumacher Und. Co., who, upon their oath, states that the original record of birth/death for Lucy M. (Kugel) Brown died Jan. 28-, 1953, in the State of Missouri, and which was filed at St.Louis, Mo. on Jan, 29, 1953, should be corrected as follows:

Item No. 3 should read Lucy M. (Kugel) Brown

Instead of Lucy Brown

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

Instead of .....

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

(SEAL)

Affiant Jacob D. Stumpf Undtk.
Relationship.
Schumacher Und.Co.
3013 Meramec, St.Louis, Missouri
Present Address.

Subscribed and sworn to before me this 11th day of February, 1953.

My Commission expires 3-4-53 Ethel C. Pethoud Notary Public.

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

m V. S. 135
)M—8-43
1 X37817

5-(2)-292