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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4146

FILED JAN 31 1953

State File No. ....

BIRTH NO. 10227 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 0128

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Richmond Heights

c. LENGTH OF STAY (In this place)  
2 1/2 hours  
d. STREET ADDRESS (If rural, give location)  
St. Louis 2209

d. FULL NAME OF HOSPITAL OR INSTITUTION  
St. Marys Hospital

d. STREET ADDRESS (If rural, give location)  
2623 N. 20th St

3. NAME OF DECEASED  
a. (First) Richard  
b. (Middle) Brown  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
1-14-53

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH  
1-14-53

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
2 1/2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
NONE

10b. KIND OF BUSINESS OR INDUSTRY  
NONE

11. BIRTHPLACE (State or foreign country)  
Richmond Hgts., Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
James Brown

13b. MOTHER'S MAIDEN NAME  
Bernice Case

14. NAME OF HUSBAND OR WIFE  
NONE

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 ADDRESS  
James BROWN 2623 N. 20th Street

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Abscess

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Prematurity

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  
7625

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)  
7625

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Wich, 1953, to Dear, 1953, that I last saw the deceased alive on 1-14-53, and that death occurred at Dear, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
J. G. Virano M.D.

23b. ADDRESS  
16 Hampton Plaza

23c. DATE SIGNED  
1/14/53

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

24b. DATE  
1-15-53

24c. NAME OF CEMETERY OR CREMATORY  
Calvary

24d. LOCATION (City, town, or county) (State)  
St. Louis 2205 St. Louis Ave.

DATE REC'D BY LOCAL REG.  
1-15-53

REGISTRAR'S SIGNATURE  
Herbert R. Dombé MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
St. Louis Funeral Home 2205 St. Louis Ave.

S-21 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.

*Nut Embalm*  
Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *B. Hosokawa*  
.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.