

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3927 Finney Avenue		d. STREET ADDRESS (If rural, give location) 3927 Finney Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) COTTRELL b. (Middle) CHARLES c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1953	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 10 1899
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) Book Binder		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (City and State or Foreign Country) Merrouge, La
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Anthony Brown	13b. MOTHER'S MAIDEN NAME Rena Johnson	14. NAME OF HUSBAND OR WIFE Dora Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. # 1	16. SOCIAL SECURITY NO. 493-07-6465	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Dora Brown 3927 Finney Avenue

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asphyxiation		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1-13-53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1562

22. I hereby certify that I attended the deceased from **12-28, 1952** to **1-30, 1953**, that I last saw the deceased alive on **Jan 30, 1953**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James W. Phillips M.D.	(Degree or title)	23b. ADDRESS 824 N. Channing	23c. DATE SIGNED 2-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 5 1953	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo
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DATE REC'D BY LOCAL REG. FEB 4 1953	REGISTRAR'S SIGNATURE J. Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son	ADDRESS 3133 Bell Avenue
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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

J. H. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chestnut*

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.