

STANDARD CERTIFICATE OF DEATH

State File No.

1298

FILED FEB 25 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

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

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Homer G Phillips Hospital

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

d. STREET ADDRESS (If rural, give location)
21 1829 Carr St

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Sandra

Brown

4. DATE OF DEATH

(Month)

(Day)

(Year)

Jan.

13

1953

5. SEX

Female

6. COLOR OR RACE

Colored

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

Child

8. DATE OF BIRTH

Dec. 24, 1952

9. AGE (In years last birthday)

2 weeks

10. IF UNDER 1 YEAR

Months

11. IF UNDER 12 HRS.

Hours

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 (City and State or Foreign Country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U S A

13a. FATHER'S NAME

Eddie Brown

13b. MOTHER'S MAIDEN NAME

Myrtle Taylor

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)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Elizabeth Rhodes, 2601 N Whittier St

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Sclerema

ANTECEDENT CAUSES

Undetermined

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.

None

INTERVAL BETWEEN ONSET AND DEATH

Undet.

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)

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 1-9, 1953, to 1-13, 1953, that I last saw the deceased alive on 1-13, 1953, and that death occurred at 11:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

M.D.

23b. ADDRESS

2601 N Whittier St

23c. DATE SIGNED

1-17-53

24a. BURIAL, CREMATION, REMOVAL

24b. DATE

2-28-53

24c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

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

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG.

FEB 4 1953

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Rowland Mortuary Service

ADDRESS

(Licensed Embalmer's Statement on Reverse Side) 4108 Manchester Ave.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

84 31

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.