

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7394

State File No. \_\_\_\_\_

FILED FEB 26 1953

318

1003

Registrar's No. 1554

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____							
1. PLACE OF DEATH a. COUNTY <u>City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>69 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 5641 Clemens Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>5641 Clemens Ave.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOLDIE</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>BROWNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1953</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 3, 1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Merchants Frt. Co.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> <u>(I)</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles F. Bigelow</u>				13b. MOTHER'S MAIDEN NAME <u>Susan R. Ferris</u>				14. NAME OF HUSBAND OR WIFE <u>Stevan Browne (divorced)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-09-4684</u>			17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>Terry A. Browne, 5641 Clemens, St. Louis</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, fracture, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic stenosis + aortic fibrill</u>								INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
				ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>Rheumatic heart disease</u> <u>years</u>									
				DUE TO (c) <u>Arteriosclerosis</u>									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>								<u>6-7 years</u>	
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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? <u>411X</u>							
22. I hereby certify that I attended the deceased from <u>June 5, 1940</u> , to <u>Death</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>53</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Keith S. Wilson M.D.</u>						23b. ADDRESS <u>4952 Maryland ave</u>			23c. DATE SIGNED <u>2-9-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>						
DATE REC'D BY LOCAL REP. <u>FEB 9 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons, Inc. 6175 Delmar Blvd.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Keath Wilson  
Medical Bldg.  
4900 Maryland Ave.

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 Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 - Delma

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. 7394  
Local Registrar's No. 1554

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_, before me appears \_\_\_\_\_

for Goldie E. Brunne, who, upon \_\_\_\_\_ oath, states that the original record of birth death  
died 2-8- 1953 in the State of

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

Item No. 16 should read 493-09-4684

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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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 Alexander Sander  
Wm B. Alexander Funeral Director  
6175 Delmar Relationship.  
Present Address.

Subscribed and sworn to before me this 24 day Feb 1953

My Commission expires 3-4-53 Cliff Padlock Notary Public.

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

