

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11313**
Registrar's No. **2946**

FILED APR 4 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11313		Registrar's No. 2946		
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 town/ship) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Pine Street				d. STREET ADDRESS (If rural, give location) 21 3410 Pine Street						
3. NAME OF DECEASED (Type or Print) a. (First) Charlie		b. (Middle) W.		c. (Last) Brown Jr.		4. DATE OF DEATH (Month) (Day) (Year) March 14 1953				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 12, 1879		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 6 Days 2	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charlie W. Brown Sr.			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Carrie 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. 702-14-6047		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Brown - 3410 Pine Street						
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis 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. age							INTERVAL BETWEEN ONSET AND DEATH	
19a. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X						
22. I hereby certify that I attended the deceased from 2-28 , 19 53 , to 3-14 , 19 53 , that I last saw the deceased alive on 2-13 , 19 53 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE Dr Edward Bell				(Degree or title) M.D.		23b. ADDRESS 29012 Laclade, ave. St. Louis, Mo		23c. DATE SIGNED 3-17-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/19/53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL MAR 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co.		ADDRESS 3644 Finney			

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright Avenue

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.