

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11316

FILED MAR 31 1953

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1003

State File No.

2673
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 407X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 3608 Calvert Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) c. (Last) Brown			4. DATE OF DEATH March 9, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 15, 1876
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Life Insurance	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rev. Edward Brown		13b. MOTHER'S MAIDEN NAME Sarah E. Thomas	
14. NAME OF HUSBAND OR WIFE The Late Lillie Deen Brown			
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 Sallie Halter		ADDRESS 3608 Calvert Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vasculas Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH unmed.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease		20 yrs?	
DUE TO (c) Luetic Heart Disease		20 yrs?	
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	
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? 023X			
22. I hereby certify that I attended the deceased from 2-15-53 , 19___, to 3-9-53 , 19___, that I last saw the deceased alive on 3-9-53 , 19___, and that death occurred at 4:30 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John L. Kennedy, M.D. EM.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 3-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/11/53	
24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State). Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. MAR 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE McCollister's Funeral Home		ADDRESS 10123 St. Charles	

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

Dr. John Kennedy Mo. Baptist Hosp.
1-2-P.M.

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.....

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.