

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15513**
Registrar's No. **3490**

FILED APR 18 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
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>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		<u>8720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>700 Webster St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) _____		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1900</u>		9. AGE (in years last birthday) <u>52</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>Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Swift Packing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Acrosville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Pink Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rudell Brown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>327-03-1936</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rudell Brown, 700 Webster, Madison, Ill.</u>			
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) <u>Chronic nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
				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.			
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 <u>592x</u>			
22. I hereby certify that I attended the deceased from <u>June 27, 1953</u> , to <u>March, 1953</u> , that I last saw the deceased alive on <u>March, 1953</u> , and that death occurred at <u>1:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Vance Williams M.D.</u> (Degree or title)				23b. ADDRESS <u>Lucy Lee</u>		23c. DATE SIGNED <u>4-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>APR 2 1953</u>		REGISTRAR'S SIGNATURE <u>Clayton Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home-East St. Louis, Ill.</u>			

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 Thomas M. DeLeon

Licensed Embalmer No. 4479
2205 Missouri Ave.

P. O. Address East St. Louis, Illinois

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.