

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19225**
5338

BIRTH NO. 31597 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5338

1. PLACE OF DEATH a. 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>1 hr. 40 mins</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>1020 Armstrong</u>			
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) <u>Brown</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>13</u> <u>53</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>5-12-53</u>	9. AGE (In years last birthday) <u>1</u> <u>1</u> <u>40</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 28 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Richard Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jennings</u>		14. NAME OF HUSBAND OR WIFE _____		
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 _____ <u>2601 N. Whittier</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>Premature birth</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ <u>776X</u>		
22. I hereby certify that I attended the deceased from <u>5-12-</u>, 19 <u>53</u> to <u>5-13-</u>, 19 <u>53</u>, that I last saw the deceased alive on <u>5-13-</u>, 19 <u>53</u>, and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) _____ 23b. ADDRESS <u>M. D. 2601 N. Whittier.</u>		23c. DATE SIGNED <u>5-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Home</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ <u>Rowland Mortuary Service</u> ADDRESS _____ <u>4194 Manchester Ave.</u>				
DATE REC'D BY LOCAL REG. <u>MAY 28 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> (Licensed Embalmer's Statement on Reverse Side)				

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

to 300
of 48

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.