

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32959**

FILED OCT 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9484**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>11</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3933 St. Belle</b>		e. STREET ADDRESS (If rural, give location) <b>3933 St. Belle</b>	

3. NAME OF DECEASED (Type or Print) <b>Timothy B. Brown</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1, 53</b>
--	------------	-------------	-----------	---

5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>Aug. 11, 1889</b>	9. AGE (In years last birthday) <b>64</b>	# UNDER 1 YEAR Months	# UNDER 1 MO. Days	# UNDER 1 HR. Hours	Min.
--------------------	----------------------------------	--	--	--	--------------------------	-----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brickyard</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Brickyard</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Portland, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
---	---	---	--

13a. FATHER'S NAME <b>William Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Jessie Hacks</b>	14. NAME OF HUSBAND OR WIFE <b>Nannie Brown</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No - 1918</b>	16. SOCIAL SECURITY NO. <b>-1918</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nannie Brown</b>	ADDRESS <b>3933 St. Belle</b>
---	---	--	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>36 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Cardiac decompensation</b>		<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>2 years</b>	

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? <b>443X</b>
---	--	---

22. I hereby certify that I attended the deceased from **December, 1952, to Sept 30, 1953**, that I last saw the deceased alive on **Sept 30, 1953**, and that death occurred at **2:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John V. Lawrence</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>634 No. Grand Ave. St. Louis, Mo.</b>	23c. DATE SIGNED <b>10-2-53</b>
---	-------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>Oct. 5, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson, Kansas, Mo.</b>
--	----------------------------------	---	--

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 3 1953</b> <b>J. Earl Smith M.D.</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>C. B. Roobee</b>	ADDRESS <b>12217 Grand</b>
--	---	-------------------------------

C.R. (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Gayton Swan*.....  
Licensed Embalmer No...*45*.....  
P. O. Address *1221 1/2 St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.