

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

State File No. **40234**
Registrar's No. **10213**

BIRTH NO. **70098** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	a. STATE Illinois	b. COUNTY Macoupin
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gillespie	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens		d. STREET ADDRESS (If rural, give location) R.R. # 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) Michael	b. (Middle) Wayne	c. (Last) Brown	(Month) 10	(Day) 26
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-3-53	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR 23	
10a. USUAL OCCUPATION			11. BIRTHPLACE (City and State or Foreign Country) Hitchfield Illinois	
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Delbert Brown	13b. MOTHER'S MAIDEN NAME Jo Anne Goodnight	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME HE Brown
		ADDRESS 500 S. Kings highway

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Transposition of Great Vessels		
	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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7546

22. I hereby certify that I attended the deceased from 10-13, 1953, to 10-26, 1953, that I last saw the deceased alive on 10-26, 1953, and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE John E. Hervey M.D.	(Degree or title)	23b. ADDRESS Childrens Hospital.	23c. DATE SIGNED 10-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-26-53	24c. NAME OF CEMETERY OR CREMATORY Gillespie, Ill.	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. OCT 27 1953	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd
---	--	---	---

(Licensed Embelmer's Statement on Reverse Side)

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

No. 300
10-48

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 Robert M. Murray

Licensed Embalmer No. 37498

P. O. Address St. Louis, Mo

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.