

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44838

State File No.

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BELLEVUE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE, 95th</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>	b. (Middle)	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 15 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 20 1874</u>	9. AGE (In years last birthday) Months Days Hours Mts. <u>79</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LUCIAN T. KREVEST</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOLMES</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM V. BROWN</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Brown St. Mary's Mo S.R.N.I.</u>
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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, asphyxia, 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) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatic Failure</u> DUE TO (c) <u>Acute Heart Failure</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 20, 1953, to Dec 15, 1953; that I last saw the deceased alive on Dec 15, 1953 and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph F. Luttrell M.D.</u>	23b. ADDRESS <u>St. Mary's Mo</u>	23c. DATE SIGNED <u>12-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 18 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE CO. MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heac. Barber & Co. Ste. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 8 1954

FEB 9 1954

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Berenice, N.

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.