

STANDARD CERTIFICATE OF DEATH

State File No. **9914**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2473**

BIRTH NO. FILED **MAR 19 1954**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2079	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 hours		e. STREET ADDRESS (If rural, give location) 7 1722 Beacon Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Lane Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ivan b. (Middle) N. c. (Last) Brown Sr.	4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 7, 1899	9. AGE (In years last birthday) 54	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Finisher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Monroe D. Brown	13b. MOTHER'S MAIDEN NAME Mary McNelly	14. NAME OF HUSBAND OR WIFE Catherine Brown
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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) no	16. SOCIAL SECURITY NO. 493-09-4953	17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Brown	ADDRESS 1722 Beacon Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery.	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **March 15, 1954**, to **March 15, 1954**, that I last saw the deceased alive on **March 15, 1954** and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	23b. ADDRESS 4930 Lindell Blvd. St. Louis, Missouri	23c. DATE SIGNED 3-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.
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DATE REC'D BY LOCAL REG. MAR 17 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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