

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4236**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR ST LOUIS		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN MARYLAND HEIGHTS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS Fee Fee and Dorsett Rds.		4000			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HELEN	b. (Middle) MARY	c. (Last) BROWN	(Month) May	(Day) 9,	(Year) 1954.

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 29 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) HOLTEN KANSAS		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME ARTHUR CLARK		13b. MOTHER'S MAIDEN NAME SARAH GETTLE		14. NAME OF HUSBAND OR WIFE GEORGE W BROWN	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME THEMA ELLIS	
				ADDRESS 2319 BURNS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. x	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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)	
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? 4200	

22. I hereby certify that I attended the deceased from **Jan. 1** 19 **54**, to **May 9**, 19 **54**, that I last saw the deceased alive on **May 9**, 19 **54**, and that death occurred at **7:00a** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thema Ellis</i>		(Degree or title) MD		23b. ADDRESS 5100 Arsenal St.		23c. DATE SIGNED 5/9/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-12-54		24c. NAME OF CEMETERY OR CREMATORY MOUNT LEOANON		24d. LOCATION (City, town, or county) (State) PATTONVILLE MISSOURI	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 11 1954 <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE EARL HILLEMANN		ADDRESS 9709 GACKLAND	
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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.....
E. J. Hillman

Licensed Embalmer No. *350*

P. O. Address *Oreland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.