

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38577

9059

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....			
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>ST. LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>20 DAYS</b>		c. CITY OR TOWN <b>UNIVERSITY CITY 4356</b>		d. Is Residence within limits of a City or incorporated town? No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>6841 BARTMER</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ADOLPH</b> b. (Middle) <b>W</b> c. (Last) <b>BROWN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-4-54</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>9-28-90</b>			
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 mos. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HARDWARE STORE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>ADOLPH BROWN</b>			13b. MOTHER'S MAIDEN NAME <b>ROSALIE POSNANSKI</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>492-36-2854</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRO-VASCULAR ACCIDENT</b>				INTERVAL BETWEEN ONSET AND DEATH <b>19 DAYS</b>	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>HYPERTENSION AND ARTERIOSCLEROSIS</b>					
DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CYSTITIS &amp; PYELONEPHRITIS</b>								<b>15 DAYS</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>331x</b>					
22. I hereby certify that I attended the deceased from <b>9-14-54</b> , 19____, to <b>10-4-54</b> , 19____, and that death occurred at <b>7:47 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Donald L. Stoker</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>10-4-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 7, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HIRAM CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 6 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alexander &amp; Son 6175 Delmar</b>					

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 *V E Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St. Louis*.....

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.