

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9408
State File No.
2961
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN E. St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 1128 Gaty Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Rosie	b. (Middle) Beatrice	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1955
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1911
9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 2	IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) East St. Louis	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Croom		13b. MOTHER'S MAIDEN NAME Margaret Young	14. NAME OF HUSBAND OR WIFE Clarence 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. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clarence Brown</i> 1128 Gaty Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (a) Splinter in foot DUE TO (b) while shoveling coal in basement of her home - about - Mar. 24 - 1955	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) East St. Louis Ill	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) about 3-24-55 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? See above E9130	
22. I hereby certify that I attended the deceased from Mar. 31, 1955 , to Mar. 31, 1955 , that I last saw the deceased alive on Mar. 31, 1955 , and that death occurred at 9:30A m. , from the causes and on the date stated above. 22			
23a. SIGNATURE (Degree or title) <i>C. J. Smith M.D.</i> M. D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 3/31/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-1-55	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.
DATE REC'D BY LOCAL REG. APR 1 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. J. Nash 111 N. 13th St.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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. 246 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. J. Nash.....

Licensed Embalmer No. 243.....

P. O. Address 3847 P.....

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.