

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10456

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>582</u>		Registrar's No. <u>541</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u>					
b. CITY (If outside incorporated town, give name of town) <u>Clayton</u>		c. RURAL and give township) _____		c. CITY OR TOWN <u>St. Anns Village</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, County</u>				STREET ADDRESS (If rural, give location) <u>3725 Dixie Dr.</u>			
3. NAME OF DECEASED (Type or Print) <u>Flossie</u>			a. (First)		b. (Middle) <u>Brown</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>3</u>		(Year) <u>55</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1923</u>		9. AGE (in years last birthday) <u>31</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nobel, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Loice Ferguson</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Cable</u>			14. NAME OF HUSBAND OR WIFE <u>Ernest Brown</u>			
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. <u>Nil.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Brown, 3725 Dixie Dr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>St Anns Village</u>					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cerebral hemorrhage</u>									
*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 (b) _____							
		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 type="checkbox"/>		
							<u>331X</u>		
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?					
22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>55</u> , to <u>3-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-3</u> , 19 <u>55</u> , and that death occurred at <u>5:00 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph G. Ernst M.D.</u>				23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>3/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Rector, Arkansas</u>			
DATE REC'D BY LOCAL REG. <u>3/4/55</u>		REGISTRAR'S SIGNATURE <u>Robert Romberg, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington.</u>			

(Licensed Embalmer - Statement on Reverse Side)

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

No. 300
10-48

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.....
Licensed Embalmer No.....

P. O. Address.....

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.