

FILED JUN 7 1955

State File No. 17244

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1176

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>Richmond Heights</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1346 ARGUS AVE</b>		e. STREET ADDRESS (If rural, give location) <b>1346 ARGUS AVE</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21 1955</b>	
5. SEX <b>Male</b>		6. COLOR (OR RACE) <b>Col</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 4 1885</b>	
9. AGE (In years last birthday) <b>69</b>		10. <input type="checkbox"/> UNDER 1 YEAR Months <b>5</b> Days <b>17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>VARIOUS LABOR</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>SELMA, ALA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>WA J. BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>EVA BROWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-24-3938</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eva Brown 1346 Argus Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>	
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?	

22. I hereby certify that I attended the deceased from **March 1951**, to **May 1955**, that I last saw the deceased alive on **May 29, 1955**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Rusan, M.D.</b>		23b. ADDRESS <b>Webster Woods 2438 Kirkham 19, Missouri</b>		23c. DATE SIGNED <b>5-21-55</b>	
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24a. BURIAL OR CREMATION (Specify)		24b. DATE <b>MAY 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>5/24/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dornke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave.</b>	
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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 *J. J. Watson*.....

Licensed Embalmer No. *2769*.....

P. O. Address *2769*.....

**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.