

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23536

FILED AUG 2 - 1955

State File No.

318

1003

5356

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS Mo</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>3825 Missouri</i>		e. STREET ADDRESS (If rural, give location) <i>24 3825 Missouri</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
<i>WILLIAM R. BROWN</i>			<i>JUNE 20 1955</i>		

5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JULY 30 1891</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 24 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SHIPPING CLERK</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>MEDART CO</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>MISSOURI</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>WILLIAM BROWN</i>	13b. MOTHER'S MAIDEN NAME <i>ARTHELIA WILLIAMS</i>	14. NAME OF HUSBAND OR WIFE <i>ROSE BROWN</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES 1912-1915</i>	16. SOCIAL SECURITY NO. <i>488-05-1918</i>	17. INFORMANT'S SIGNATURE OR NAME <i>ROSE BROWN</i>	ADDRESS <i>3825 Missouri</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
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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? <i>4201</i>
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22. I hereby certify that I attended the deceased from *April 16 1955* to *June 20, 1955*, that I last saw the deceased alive on *June 20 1955*, and that death occurred at *7:25 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. E. Moeller M.D.</i>	(Degree or title)	23b. ADDRESS <i>3537 Jefferson A</i>	23c. DATE SIGNED <i>June 20-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>JUNE 22 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>JEFFERSON BARRACKS</i>
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DATE REC'D BY LOCAL REG. <i>JUN 21 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kutia</i>	ADDRESS <i>2906 Gravois</i>
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(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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Dubbe*
Licensed Embalmer No. *370*
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.