

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35332

State File No. ....

FILED OCT 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2325

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, COUNTY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>22 days</u>	c. CITY OR TOWN <u>ST. JOHNS ?</u>		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 <u>ST. LOUIS COUNTY HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>3361 BROWN RD #001</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>	b. (Middle) <u>JESSIE</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 7 55</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11-4-1904</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NUKERS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NUKERS INC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WILFORD, ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS POWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE PENN</u>		14. NAME OF HUSBAND OR WIFE <u>divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-20-5224</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. THOMAS Von Achen 2820 EDICOTT</u>			
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) <u>ANEMIA</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC NEPHROSCLEROSIS</u> DUE TO (c) <u>MALIGNANT HYPERTENSION</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>446x</u> <u>445x</u>				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?			
22. I hereby certify that I attended the deceased from <u>9-14</u> , 19 <u>55</u> , to <u>10-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert Van W...</u>		23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>10-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (STATE) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-8-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Michel 5930 Southwest</u>			

**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..... *Bill C. Branson*

Licensed Embalmer No..... *476*

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.