

FILED FEB 20 1956  
REG. NO. 12999  
SI8276

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6214

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1009</u>		Registrar's No. <u>701</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. GRAND, ST. LOUIS, MO.</u>		c. LENGTH OF STAY (In this place) <u>39 DAYS</u>		c. CITY OR TOWN <u>OVERLAND</u>		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 <u>VETERANS ADMINISTRATION HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>9437 MILTON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>J.</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-56</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-5-1899</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAUFFEUR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILWAY EXP</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>ALFRED BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE MC DONALD</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE J. BROWN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-1</u>		16. SOCIAL SECURITY NO. <u>714 10 9056</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.</u>				
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) <u>Carcinoma of Esophagus</u>  ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Auricular Fibrillation</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>  <u>Unknown</u>  <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>150 X</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) (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 <sup>VA</sup> attended the deceased from <u>12-13</u> , 19 <u>55</u> , to <u>1-21</u> , 19 <u>56</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. LUKE</u> H. LUKE			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VAH, 915 N. Grand, St. Louis, Mo.</u>		23c. DATE SIGNED <u>1-21-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 21 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F. HOME</u>		ADDRESS <u>9222 LACKLAND</u>		

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

LSM (Licensed Embalmer's Statement on Reverse Side)

→ 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 *Al. C. Ostmann*.....

Licensed Embalmer No. *347*

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.