

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. **6222**  
Registrar's No. **883**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) **Life**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **(Rear) 4118 Margaretta**  
e. STREET ADDRESS (If rural, give location) **9 4562 Holly Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Robert** b. (Middle) **L.** c. (Last) **Brown** 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 24, 1956**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M.** 8. DATE OF BIRTH **Sept. 1, 1914** 9. AGE (In years last birthday) **41** IF UNDER 1 YEAR Months **4** Days **23** IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lawyer** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Herman Brown** 13b. MOTHER'S MAIDEN NAME **Mae Andre** 14. NAME OF HUSBAND OR WIFE **Mrs. Ann Donnelly Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **not known** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ann Donnelly Brown** ADDRESS **4562 Holly Ave.**

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Gunshot wounds of skull and brain, suffered when shot with gun in the hands of party or parties unknown, last place undetermined then found in Alley in rear of 4118 Margaretta Ave., about 8:00 p.m.,**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
II. OTHER SIGNIFICANT CONDITIONS **found in Alley in rear of 4118 Margaretta Ave., about 8:00 p.m.,**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
YES  NO

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **January 24, 1956**

21a. ACCIDENT SOURCE (Specify) **Home** 21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) **Alley** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 24 56 7:00** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E 981 X**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:15** p.m., from the causes and on the date stated above.

22a. SIGNATURE **Joseph M. Donnelly** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **1/24/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 27, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JAN 26 1956** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **Ann Donnelly** ADDRESS **3810 Lindell Blvd.**

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

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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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46.....

P. O. Address 384 [unclear].....

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.