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FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11686

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5th Registrar's No. 819

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights 4495
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8020 Elinore Ave

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) c. (Last) Brown

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 56

5. SEX F
6. COLOR OR RACE N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept-15-1881
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 6 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jim Wiggins
13b. MOTHER'S MAIDEN NAME Missouri Kidd
14. NAME OF HUSBAND OR WIFE -Des-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 488-12-7882
17. INFORMANT'S SIGNATURE OR NAME Daisy Magby — ADDRESS 3947 St. Ferdinand St. Louis, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

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. Probable intra abdominal malignancy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221H
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17, 1956, *to* 3-25, 1956, *that I last saw the deceased alive on* 3-25, 1956 *and that death occurred at* 11:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE G E Smith, Mo (Degree or title)
23b. ADDRESS 601 So. Brentwood
23c. DATE SIGNED 3/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-30-56
24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) (State) Le May, Mo

DATE REC'D BY LOCAL REG. 3-27-56
REGISTRAR'S SIGNATURE Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce — ADDRESS 1221 N Grand

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Melvin Blackburn

Licensed Embalmer No. 39

P. O. Address 1221 N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.