

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14487

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3372

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3372			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)			
ST. LOUIS				ST. LOUIS		2805 Cass 2209			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2805 Cass				d. STREET ADDRESS (If rural, give location) 2805 Cass				2209	
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
Henrietta			Brown				4. DATE OF DEATH (Month) (Day) (Year) Mar 30, 1956		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, or WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Female		Col		Widow		Mar 5, 1889		67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY	
Housewife						Ky		U.S.A.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
Henry Anderson			Bessie						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
No					Katie Fitzgerald 2803 Cass				
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) Arterio-sclerotic heart disease					
*This does not mean the mode of dying, such as heart failure, ashenia, 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) X					
				DUE TO (c) X					
				II. OTHER SIGNIFICANT CONDITIONS					
				Conditions contributing to the death but not related to the disease or condition causing death.				X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
								420-D	
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 attended the deceased from 8-18, 1955, to 3-28-56, 1956, that I last saw the deceased alive on 3/28, 1956, and that death occurred at 1 am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED	
Aloa Moore				4501a Easton Ave.				4-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		April 6, 56		Greenwood Cem		St Louis		MO.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
APR 4 1956		J. Carl Smith MD			F. C. Green 4214 Delmar				

M.B. (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
Student Embalmer

Signed

F. G. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.