Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

STATE FILE NUMBER 31929 8202

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N. Grand, St. Louis, Mo.
Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V. A. Hospital
Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: ~~Saint Louis~~
c. CITY OR TOWN: St. Louis. 224
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 24 3922a California,
Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: Bailey Middle: a Last: Brown,

**4. DATE OF DEATH**: Month 9 Day 3 Year 56

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: 12-9-93

**9. AGE** (In years last birthday): 62
IF UNDER 1 YEAR: Months 8 Days 24 Hours Min.
IF UNDER 24 HRS.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Mimeograph Operator

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country): Shamrock, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: John Brown

**14. MOTHER'S MAIDEN NAME**: Sally Ward

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

**16. SOCIAL SECURITY NO.**: Unk.

**17. INFORMANT**: Josephine Brown Address 3922a California
V. A. Hospital Records.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Intercapillary Clomerulosclerosis — 10 Mos.
DUE TO (c): ~~Diabetes Mellitus~~ — 15 Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260X ~~593X~~

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from August 29, 1956 to September 3, 1956 and last saw him alive on 9=3=56
Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Attending Physician): Robert M. Denton M. D.

**22b. ADDRESS**: VAH, St. Louis, Missouri.

**22c. DATE SIGNED**: 9-3-56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Sept. 6, 1956

**23c. NAME OF CEMETERY OR CREMATORY**: St. Matthews Cem.

**23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**24. FUNERAL DIRECTOR**: Wm. Schumacher

**ADDRESS**: 3013 Meramec St.

**25. DATE RECD. BY LOCAL REG.**: SEP 5 1956

**26. REGISTRAR'S SIGNATURE**: Earl Smith MD

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dulu

Licensed Embalmer No. 43

P. O. Address St. Lou

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.