

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32545**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2152**

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| 1. PLACE OF DEATH a. COUNTY Saint Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY OR TOWN Kinloch 400/3 | |
| c. LENGTH OF STAY (in this place) 45 days | | 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 St. Louis County Hosp | | e. STREET ADDRESS (If rural, give location) 314 Carson Road, | |

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|-------------------------------------|--------------------------|-------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Martha | b. (Middle) | c. (Last) Brown | 4. DATE OF DEATH (Month) (Day) (Year) 9 10 56 |
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| 5. SEX Female | 6. COLOR OR RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 25 Dec 1872 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Caruthersville, Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Henry Russell | 13b. MOTHER'S MAIDEN NAME Charlotte unknown | 14. NAME OF HUSBAND OR WIFE John Brown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Franklin, Kinloch, Mo. |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE, LEFT LEG. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **7-28**, 19**56**, to **9-10**, 19**56**, that I last saw the deceased alive on **9-10**, 19**56**, and that death occurred at **11:15P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Date or time) M. J. Douber | 23b. ADDRESS 601 So. Brentwood | 23c. DATE SIGNED 9-11-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 14 Sept 56 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) Berkeley, Mo. |
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| DATE REC'D BY LOCAL REG. 9-12-56 | REGISTRAR'S SIGNATURE Herbert R. Douber | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo. |
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(Licensed Embalmer's Signature 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.....
Signature of Student Embalmer

Signed *Edward A. Flynn*.....
Licensed Embalmer No. 4444.....

P. O. Address...Kinloch...Mo.

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.