

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42759

State File No. \_\_\_\_\_  
Registrar's No. **10905**

FILED DEC 18 1956

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>311 1/2 3916 Lincoln</b>	
3. NAME OF DECEASED (Type or Print) <b>Agnes Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 25 56</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 29, 1918</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	
9c. AGE (In years last birthday) <b>38</b>		9d. IF UNDER 1 YEAR Days <b>38</b> IF UNDER 12 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Tichnor, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Sam Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Zempthy Williams</b>	
13c. NAME OF HUSBAND OR WIFE <b>Arthur Brown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Brown</b>		ADDRESS <b>3916 Lincoln Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undiagnosed Disease of the Kidney with Acute Renal Insufficiency, with Uremia</b>		<b>Undet.</b>	
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.		<b>Acute Brain Syndrome- Fever Undet.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>593x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 **11-20**, 19**56**, to **11-25**, 19**56**, that I last saw the deceased alive on **11-25**, 19**56**, and that death occurred at **5 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Herbert J. Erwin</b>		23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>11-26-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/30/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>NOV 29 1956</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles J. Gates 4107 Finney</b>	
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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 .....; Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Heald*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.