

No. 300  
10. 48

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42769

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11962

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) 3 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Illinois b. COUNTY St. Clair  
c. CITY OR TOWN East St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 2203 Gaty Avenue

3. NAME OF DECEASED (First) Rebia (Middle) Aldridge (Last) Brown 4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1956

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Feb. 13, 1917 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days 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 None 11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Aldridge 13b. MOTHER'S MAIDEN NAME Ella Johnson 14. NAME OF HUSBAND OR WIFE Lee Brown

15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Lee Brown ADDRESS 2203 Gaty Ave. East St. Louis, Illinois

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia (Uremia) INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES Acute Nephritis DUE TO (b) Acute Nephritis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS Hypertension  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 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 12/15, 1956, to 12/21, 1956, that I last saw the deceased alive on 12/21, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above - 26-56

23a. SIGNATURE Edgar F. Woodson (Degree or title) MD 23b. ADDRESS 230 N. 2nd St. St. Louis, Ill. 23c. DATE SIGNED 12/26/56

24a. BURIAL CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE Dec. 23, 1956 24c. NAME OF CEMETERY OR CREMATORY Funeral Garden of Memorial Park, Belleville, Ill. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. DEC 28 1956 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Marion Co. Officer ADDRESS 2114 Mo. Ave. St. Louis, Mo.

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: *Ben H. Baldwin*

Licensed Embalmer No. 2420

P. O. Address 721 N. 24th

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.