

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

State File No. **44926**

FILED JAN 17 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2831	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. LENGTH OF STAY (in this place) 40 days		c. CITY OR TOWN ST. LOUIS		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. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 4920 E McPHERSON			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) ROBERT		c. (Last) Browne		4. DATE OF DEATH (Month) (Day) (Year) Dec 1st 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED? WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH Aug 29 1885	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOTOR TESTER		10b. KIND OF BUSINESS OR INDUSTRY EMERSON ELEC.		11. BIRTHPLACE (City and State or Foreign Country) SALEM MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MILLARD F. BROWNE		13b. MOTHER'S MAIDEN NAME MARGARET ANN MCGINNIS		14. NAME OF HUSBAND OR WIFE —UNK.			
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 Miss Julia Brown		ADDRESS 4920 A McPherson	
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, anasthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Loric ANTECEDENT CAUSES Carcinoma of Colon Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		153X	
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 Sept 28, 1956 , to Dec 1, 1956 , that I last saw the deceased alive on Nov 30, 1956 , and that death occurred at 12:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Daniel P. Lupton		(Degree or title) M.D.		23b. ADDRESS 634 N. Grand Ave		23c. DATE SIGNED 12-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Dec 4, 1956		24c. NAME OF CEMETERY OR CREMATORY SALEM CEMETERY		24d. LOCATION (City, town, or county) (State) SALEM MISSOURI	
DATE REC'D BY LOCAL REG. 12-1-56		REGISTRAR'S SIGNATURE Herbert P. Domb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.			

Pa 5-8832

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 *Arnold W. Schoen*

Licensed Embalmer No. 386

P. O. Address *St. Louis*

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.