Health,
& Welfare
Public
Service

S. 300 0
. 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

14512 STATE FILE NUMBER

FILED APR 26 1957

17565-57 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3618

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 39 Cardinal Glennon Memorial Hospital — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: Saint Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3639b South Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Andrew Last: Brown Jr.
4. DATE OF DEATH: Month 4 Day 14 Year 57
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-26-57
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 19; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Joseph Brown
14. MOTHER'S MAIDEN NAME: Jacqueline Hemmen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Andrew Brown, Sr., 3639b S.Broadway — Address

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): Gastroenteritis. Dehydration. Moderate pulmonary congestion and bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 571.0
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1
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 April 13, 1957 to April 14, 1957 and last saw her/him alive on April 14, 1957. Death occurred at 12:45A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Chester P. Lynn Jr MD — Chester P. Lynn Jr
22b. ADDRESS: Cardinal Glennon Hosp. — Cardinal Glennon Memorial Hospital
22c. DATE SIGNED: 4-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-16-57
23c. NAME OF CEMETERY OR CREMATORY: Mt.Olive Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Missouri
24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.
25. DATE RECD. BY LOCAL REG.: 4-15-1957
26. REGISTRAR'S SIGNATURE: J 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 emb

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

working under my personal supervision.. Not Embalmed

Student ..... Signature of Student Embalmer

Signed Norman W Guehle

~~Licensed Embalmer No.~~ Funeral Dire

P. O. Address 3600 Chup

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.