

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19518**

No. 300  
10-48

**FILED JUN 10 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1249**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY OR TOWN <b>Ellisville</b>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		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 <b>St. Louis County Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Hilltop Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b> b. (Middle) <b>Harold</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5/11/57</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Apr. 1, 1895</b>		9. AGE (In years last birthday) <b>62</b>		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) <b>Tool Hardener</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Electric</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kane, Pennsylvania</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Wm. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Lindemann</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Gladys Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>97-09-7828</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Brown, Ellisville, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>rush</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>2</b> 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) <b>7954</b>	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Domke</b>		23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>5/22/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/17/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Chas. Rock Rd &amp; Pennsylvania Ave</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chrader Funeral Home, Ballwin, Mo.</b>			
DATE REC'D BY LOCAL OFF. <b>5-16-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>			

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

3

**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..... *Richard Bopp* .....

Licensed Embalmer No. *458*

P. O. Address *Ballwin, 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.