

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29269

STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7263**

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				c. CITY OR TOWN St. Louis		b. COUNTY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Length of stay in 1b		d. STREET ADDRESS 4404 N. Market		
3. NAME OF DECEASED (Type or print) First Maybirt Middle Last Brown				4. DATE OF DEATH Month 7 Day 31 Year 57				
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-14-1902		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				9b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) 54		
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 country) Missouri		
13. FATHER'S NAME William Dixon				12. CITIZEN OF WHAT COUNTRY? USA				
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. ?		17. INFORMANT Alvin Brown Address 4404 N. Market		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 334X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 1 day 3		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7/15/57 to 7/31/57 and last saw her/him alive on 7/31/57 . Death occurred at 8 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE D. L. ... (Degree or title)				22b. ADDRESS 3136 Cheutan ave		22c. DATE SIGNED 8/2/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 85-57		23c. NAME OF CEMETERY OR CREMATORY St. Peters		23d. LOCATION (City, town, or county) St. Louis County, Missouri		
24. FUNERAL DIRECTOR Ellis Funeral Home, Inc. ADDRESS 2820 Stoddard				25. DATE RECD. BY LOCAL REG. AUG 5 57		26. REGISTRAR'S SIGNATURE Carl 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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Arthur E. Culbertson

Licensed Embalmer No. 4

P. O. Address.....
St. Louis

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