

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008041
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 552

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Clinton</u>		c. CITY OR TOWN <u>Kinloch 40910</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Hosp. 600 Lyons</u> Length of stay in 1b <u>DOA</u>		d. STREET ADDRESS (If outside, give location) <u>600 Lyons</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Given</u> Middle <u>S</u> Last <u>Browder</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>18</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/10/79</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	9c. AGE (In years last birthday) <u>79</u>
10a. FATHER'S NAME <u>Unknown</u>		10b. BIRTHPLACE (City and state or country) <u>Kentucky</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service)		11. SOCIAL SECURITY NO. <u>unk</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. MOTHER'S MARDEN NAME <u>Unknown</u>	
13. INFORMANT <u>Slyvester Tate</u> Address		13. DATE OF BIRTH	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4/200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) <u>Chronic Brain Syndrome due to cerebral arteriosclerosis</u>			
19. INTERVAL BETWEEN ONSET AND DEATH <u>chronic</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>9:45</u> Month, Day, Year <u>2/22/58</u> 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 <u>1-27-58</u> to <u>2-16-58</u> and last saw her alive on <u>2-18-58</u> Death occurred at <u>9:45</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Angelo A. Speno M.D.</u>		22b. ADDRESS <u>6015 Brentwood Clayton Mo</u>	
22c. DATE SIGNED		22d. ADDRESS	
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/22/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>English Funeral Home</u> ADDRESS <u>1123 N. Taylor</u>		25. DATE RECD. BY LOCAL REG. <u>2/22/58</u>	
26. REGISTRAR'S SIGNATURE <u>Kubert B. Romel</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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VS
JUL 6
1938

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 *Wallace R. Williams*

Licensed Embalmer No. *4*
5135
P. O. Address *Notes*

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.