

Health,
Welfare
Public
Service

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015590
STATE FILE NUMBER
4521

FILED MAY 1 1958

Registration District No. 318 Primary Registration District No. 1003

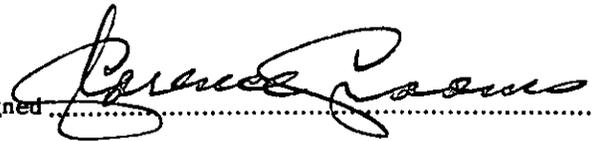
Registrar's No. 4521

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET (If outside, give location) ADDRESS 2328 Biddle	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Bertha Brown			4. DATE OF DEATH Month Day Year 4 24 58
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1935
9. AGE (In years last birthday) 22		9. AGE (In years last birthday) 22	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Vance, Mississippi / U. S. A.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Ulises Dry	
13b. MOTHER'S MAIDEN NAME Gertrude Gray		14. NAME OF HUSBAND OR WIFE Raymond Brown	
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. 500-32-6405	
17. INFORMANT Address Ulises Dry 2328 Biddle		18. CAUSE OF DEATH (Enter only one cause pertinent for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sarcoma of Lung</i> DUE TO (b) <i>Sarcoma of the sk.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1991	
19. INTERVAL BETWEEN ONSET AND DEATH undet.		19. WAS AUTOPSY PERFORMED? 2 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Death occurred at 4-23-58 4:00P to 4-24-58 8:05P and last saw her alive on 4-24-58 8:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Sydney A. Mason</i> , M.D.	
22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 4-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/1/58	
23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		23d. LOCATION (City, town, or county) (State) LeMay, Missouri	
24. FUNERAL DIRECTOR ADDRESS <i>C. B. Koonce</i> 1221 N. Grand		25. DATE RECD. BY LOCAL REG. APR 26 '58	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, m.d.</i> S.P.			

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 

Licensed Embalmer No. 17534

P. O. Address 1271 N. ...

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.