

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020332

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1369

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4534
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS Co Hosp.		Length of stay in lb 28 DAYS	d. STREET ADDRESS (If outside, give location) 7117 MANCHESTER
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Brownfield			4. DATE OF DEATH Month Day Year 5-16-58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3-DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN-9-1901
9. AGE (In years last birthday) 57		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) KAS.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis Brownfield	
13b. MOTHER'S MAIDEN NAME LINNIE FURFORD		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address County Hosp Records - Clayton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary atelectasis DUE TO (c) Pulmonary emphysema 527.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic partial bowel obstruction			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 4-20-58 to 5-16-58 and last saw ^{her} _{him} alive on 5-16-58 Death occurred at 12:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed or title) John S. Oakley, M.D.		22b. ADDRESS 601 So. Brentwood	22c. DATE SIGNED 5/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-21-58	23c. NAME OF CEMETERY OR CREMATORY St. Mathews Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR JAY B. SMITH		ADDRESS MAPLEWOOD, MO.	25. DATE RECD. BY LOCAL REG. 5-28-58
26. REGISTRAR'S SIGNATURE Herbert R. Danks M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.

NOT EMBALMED
N.W. BROWN
JAY-B. SMITH

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

P. O. Address

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.