

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023162

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 5876

5. 300  
7. 1-57  
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

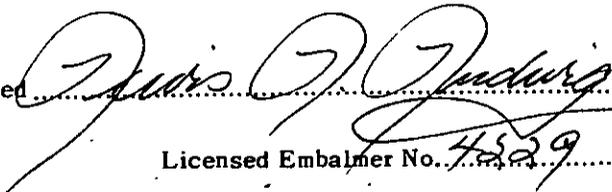
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 7130 Amherst		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle J. Last BROWN			4. DATE OF DEATH Month June Day 4, Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 8, 1897	9. AGE (In years) 60 FUNDERS 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or life, even if retired) Govt. Emp.		10b. KIND OF BUSINESS OR OCCUPATION Postal Serv.	11. BIRTHPLACE (City and state or country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Brown		13b. MOTHER'S MAIDEN NAME Rebecca Cohen		14. NAME OF HUSBAND OR WIFE Rose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Rose Brown 7130 Amherst Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 420-1					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 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 6:15 Oct 1946 to present and last saw him alive on June 4 1958 Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Michael W. Karl, M.D.			22b. ADDRESS Jewish Hospital		22c. DATE SIGNED JUN 6 '58	
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 6/6/58	23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol		23d. LOCATION (City, town, or county) (State) Ladue, Missouri Mo.	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Ave.			25. DATE RECD. BY LOCAL REG. JUN 6 '58		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

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. 4529 .....

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.