

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027629

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1949

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4442 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. Co. Hospital		Length of stay in lb 5 Years	d. STREET ADDRESS (If outside, give location) 8009 Kingsbury Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Russell Middle Samuel Last Browne		4. DATE OF DEATH Month 7 Day 22 Year 58	
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 Oct. 10, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Neiman Bearing Co	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) Philadelphia, Pa.		14. NAME OF HUSBAND OR WIFE Gladys Browne	
13a. FATHER'S NAME Sam Browne		13b. MOTHER'S MAIDEN NAME Lizzie Ghaham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 201-03-8336 17. INFORMANT Address Mrs. Gladys Browne 8009 Kingsbury	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pneumonia DUE TO (b) Extensive severe burns (95%) DUE TO (c) 916.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16			INTERVAL BETWEEN ONSET AND DEATH 16 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) burns occurred while he was in basement of house.	
20c. TIME OF INJURY Hour 11:30 Month, Day, Year 7-19-58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> home	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Clayton 119 St. Louis, Mo.	
21. I attended the deceased from 7-19-58 to 7-22-58 and last saw her/him alive on 7-22-58 Death occurred at 10:52 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John E. Oakley, M.D.		22b. ADDRESS 601 So. Brentwood	
22c. DATE SIGNED 7-23-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 23, 1958	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS ALEXANDER & SONS 6175 Delmar		25. DATE RECD. BY LOCAL REG. 7-24-58	
26. REGISTRAR'S SIGNATURE Herbert P. Dombke 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 *Jos. E. McCullough*

Licensed Embalmer No. 2760

P. O. Address 617 1/2 Elm

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.