

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006935
STATE FILE NUMBER
2 1899

FILED MAR 10 1959 Registration District No. Primary Registration District No. Registrar's No.

300
-57

94

| | | | |
|--|--|---|---|
| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3026a Union | | Length of stay in lb 3 Mos. | d. STREET ADDRESS (If outside, give location) 3026a Union Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Blanche Middle M. Last Brown | | | 4. DATE OF DEATH Month 2 Day 20 Year 1959 |
| 5. SEX Female | 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 Mar. 24, 1898 |
| 9. AGE (In years last birthday) 60 | | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Ashley, Ills. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James R. Lovell | |
| 13b. MOTHER'S MAIDEN NAME Mary M. Cameron | | 14. NAME OF HUSBAND OR WIFE Charles F. 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. | 17. INFORMANT Address Mr. James R. Duncan, 3026a Union |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Transition of Malnutrition Refused treat.</i> DUE TO (b) <i>Cerebral Atrophy, & Dementia</i> DUE TO (c) <i>Atherosclerotic vascular Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Possible abdominal Carcinoma.</i> | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. 5 years 8 years |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>334XH</i> | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year <i>3:30 p.m. 2/25/59</i> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <i>February 18, 1959</i> to <i>death</i> and last saw her alive on <i>February 18, 1959 5:30 pm</i> Death occurred at <i>3 A m</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased's title) <i>Bennett R. Wood M.D.</i> | | 22b. ADDRESS <i>3442 Geraldine St. Louis 15 Mo.</i> | 22c. DATE SIGNED <i>2-20-59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 2/23/59 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. | | 25. DATE RECD. BY LOCAL REG. Feb 23 1959 | 26. REGISTRAR'S SIGNATURE <i>Neal Smith M.D.</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

Dr. Bennett Woods
3442 Geraldine
Ev 3-2054
Hrs. 3-5:30 P.M.

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 *Albert R. Thompson*

Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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.