

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016256

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1228

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breckenridge Hills</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Breckenridge Hills</u> 4231
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9449 Baltimore</u>		Length of stay in lb <u>33 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>9449 Baltimore</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Annie S. Brown</u>			4. DATE OF DEATH Month Day Year <u>May 3, 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 19, 1878</u>
9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. (last birthday) Months Days Hours Min. <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (City and state or country) <u>St. Charles County U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Mc Donald</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Hamilton</u>		14. NAME OF HUSBAND OR WIFE <u>The Late Alfred J. Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mary Ann Brown</u>		Address <u>3012 Woodson Rd.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis (Chronic)</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) <u>4222</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>St. Louis</u>		COUNTY STATE <u>Mo.</u>	
21. I attended the deceased from <u>July 1 - 1956</u> to <u>May 3 - 59</u> and last saw her alive on <u>April 30 - 59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. E. Sterling MD</u>		22b. ADDRESS <u>8105 Page Blvd, St. Louis 30 Mo</u>	
22c. DATE SIGNED <u>5/4/59</u>			
23a. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23b. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
23c. DATE RECD. BY LOCAL REG. <u>5-4-59</u>		23d. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	
24. FUNERAL DIRECTOR <u>Collier Mortuary, St. Ann, Mo.</u>		ADDRESS	

path, 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

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *St. Ann*

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.