

Health,
& Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019000
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **4987**

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY UNION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ANNA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		Length of stay in 1b 9 DAYS	d. STREET ADDRESS 209 WILLIAMS
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE R. BROWN			4. DATE OF DEATH Month Day Year MAY 21, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-14-19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRISON GUARD		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 40
11. BIRTHPLACE (City and state or country) DONGOLA, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOE BROWN		13b. MOTHER'S MAIDEN NAME MINNIE PENRAD	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-11		16. SOCIAL SECURITY NO. 359-01-3393	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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) MALIGNANT MELANOMA WITH WIDESPREAD METASTASES			INTERVAL BETWEEN ONSET AND DEATH 7 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 190.9			
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-12-59 to 5-21-59 and last saw him ^{her} alive on 5-21-59 Death occurred at 6:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sheldon S. Schoen M.D.		22b. ADDRESS VAH, 915 N GRAND, ST LOUIS, MO.	22c. DATE SIGNED 5-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/59	23c. NAME OF CEMETERY OR CREMATORY Anna	23d. LOCATION (City, town, or county) (State) Anna, Illinois
24. FUNERAL DIRECTOR John G. Hasey ADDRESS East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. MAY 22 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

mjb

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 *Joseph J. Hassley*

Licensed Embalmer No. *7541*

P. O. Address *St. Louis, Mo.*

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.