

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022732

STATE FILE NUMBER

FILED JUN 18 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. 5379

300
-57

75

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| 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 type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1382 N. Union | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 1382 N. Union Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First James Middle Jesse Last Brown | | | 4. DATE OF DEATH Month June Day 2 Year 1959 | | |
| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3 Dec. 1897 | 9. AGE (In years last birthday) 61 | 10. FUNDING YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and state or county) Summer Miss | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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| 13a. FATHER'S NAME N. Brown | 13b. MOTHER'S MAIDEN NAME Euna Finley | 14. NAME OF HUSBAND OR WIFE XX |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War I | 16. SOCIAL SECURITY NO. | 17. INFORMANT Annie Mae Rogers 1387 N. Sarah Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of liver | | INTERVAL BETWEEN ONSET AND DEATH 7 months 23 days |
| 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) none | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) none |
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| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | none |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 20f. CITY, TOWN, OR LOCATION none | COUNTY _____ STATE _____ |
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21. I attended the deceased from **Feb 10, 1959** to **June 2, 1959** and last saw ^{her} ~~him~~ **June 2, 1959**
Death occurred at **5:30 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Lucyie S. Albecker M.P. | 22b. ADDRESS 826 W. Chamitt St. Louis | 22c. DATE SIGNED 6-3-59 |
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|---|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 8 June 59 | 23c. NAME OF CEMETERY OR CHAPEL National Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union | ADDRESS | 25. DATE RECD. BY LOCAL REG. JUN 5 '59 | 26. REGISTRAR'S SIGNATURE Loal Smith, M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE

TIME

PLACE

BY

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 *John K. Cumming*
Licensed Embalmer No. *4476*

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.