

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013708

FILED VS APR 5 1960

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **953** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY KOCH, MISSOURI		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 Co.		Length of stay in lb 1 day	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 ROBERT KOCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1810 A ARSENAL (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARENCE C. Middle BROWN Last			4. DATE OF DEATH Month MARCH Day 18 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-23-01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ANHAUSER BUSCH - PORTER		10b. KIND OF BUSINESS OR INDUSTRY Brewery Business		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES Brown			13b. MOTHER'S MAIDEN NAME CATHERINE Grisham		14. NAME OF HUSBAND OR WIFE (nee) Helen F. Brown (Kelley)		
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. 492-24-9808		17. INFORMANT Address ROBERT KOCH Hosp. RECORD, KOCH, 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) Coronary occlusion with acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 14 days.
Conditions, if any, above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERMITTED? YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year			

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	COUNTY	STATE
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21. I attended the deceased from **3-18-60**, to _____ and last saw her/him alive on **3-18-60**
Death occurred at **7:15 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In green or title) Ellis J. Pappas, M.D.	22b. ADDRESS Robert Koch Hosp., Koch, Mo.	22c. DATE SIGNED 3/19/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG. MAR 21 1960	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delbert J. Karpine

Licensed Embalmer No. 2197

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.