

**PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-016650**

**FILED VS APR 29 1960**

**2 3695**

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> Length of stay in 1b <u>25 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3977 Gratiot</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3977 Gratiot</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Harry</u> Middle <u>A</u> Last <u>Brown</u>			<b>4. DATE OF DEATH</b> Month <u>3</u> Day <u>31</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10/11/84</u>	<b>9. AGE</b> (last birthday) <u>75 yrs.</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>31</u>	<b>IF UNDER 24 HR</b> Hours <u>1960</u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>switchman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>railroad</u>		<b>11. BIRTH-PLACE</b> (City and state or country) <u>Patoka, Indiana</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Christ Brown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Oley Shovel</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Brown</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W. War I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>486-18-9712</u>		<b>17. INFORMANT</b> <u>Mary Brown</u> Address <u>3977 Gratiot</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Aneurysm</u> DUE TO (b) <u>Arteriosclerotic Aorta</u> DUE TO (c) <u>Gen arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>45IX</u>					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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE					
<b>21. I attended the deceased from</b> <u>Mar 26 1960</u> to <u>March 31/60</u> and last saw <u>her</u> him alive on <u>Mar 30, 1960</u> Death occurred at <u>home</u> at <u>29</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22. SIGNATURE</b> (Degree or title) <u>H. S. Seseener M.D.</u>			<b>22b. ADDRESS</b> <u>6000 W. Flourissant</u>		<b>22c. DATE SIGNED</b> <u>4-1-60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>4/4/1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Jefferson Barracks</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Rowland-Aker Mortuary Service</u> <u>4104 Manchester Ave.</u> <u>St. Louis 10, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>APR 1 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Keon Smith, M.D.</u> <u>B.P.</u>			

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 W E Morris

Licensed Embalmer No. 3360

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.