

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-035823

FILED VS OCT 5 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 192

STATE FILE NUMBER

|  |   |   |  |   |  |  |  |  |
|--|---|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saint Charles</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b> |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Saint Charles</b>  |   | Length of stay in lb <b>20 yrs.</b>   |  | c. CITY OR TOWN <b>Saint Charles</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Saint Joseph's Hosp.</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |   | d. STREET ADDRESS (If outside, give location)<br><b>So. River Road</b>     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>George</b> Middle <b>Brown</b> Last <b>Brown</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>24</b> Day <b>26</b> Year <b>1960</b>  |  |  |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Dec. 3, 1888</b>   | 9. AGE (last birthday)<br><b>71</b>  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>21</b>  | IF UNDER 24 HR<br>Hours <b>21</b> Min. <b>0</b>                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>river boat pilot</b>                             |   | 11. BIRTHPLACE (City and state or country)<br><b>Brunswick, Mo.</b>        |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                               |  |
| 13a. FATHER'S NAME<br><b>John W. Brown</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah L. Clark</b>                                       |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Pearl E. Sparks</b>  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   |   | 16. SOCIAL SECURITY NO.<br><b>496-24-3676</b>  |   | 17. INFORMANT Address<br><b>Mrs. Pearl Brown, St. Charles.</b>             |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Oleoid A of Stomach</b><br>DUE TO (c) _____ |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>few days</b><br><b>few weeks</b>    |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |   |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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<br><b>24</b>                                  |  | COUNTY _____ STATE _____   |  |
| 21. I attended the deceased from <b>August 16, 1960</b> to <b>September 26</b> and last saw him alive <b>September 24th</b><br>Death occurred at <b>10130 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |   |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>OK John H. D.</b>   |   |   |  | 22b. ADDRESS<br><b>340 N Main St. Charles, Mo.</b>  |  |  | 22c. DATE SIGNED<br><b>9-26-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>Sept. 27, 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>                          |   | 23d. LOCATION (City, town, or county) (State)<br><b>Saint Charles, Mo.</b> |  |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</b>   |   |   |  | 25. DATE/RECD. BY LOCAL REG.<br><b>Sept 27-60</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Marella Wilson</b>   |  |  |

BY AFFIDAVIT OF attending physician MEDICAL CERTIFICATION DOCUMENT

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**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

*James R. [Signature]*

Licensed Embalmer No. 483

P. O. Address St Ch

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