

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-037016
STATE FILE NUMBER

FILED VS SEP 19 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2596

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridgeton, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bridgeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 96 11904 Natural Bridge Rd.		Length of stay in 1b 5 years	d. STREET ADDRESS (If outside, give location) 11904 Natural Bridge Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hettie Middle J. Last Brown			4. DATE OF DEATH Month September Day 3 Year 1960.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/7/1884	9. AGE (In years) last birthday 75 IF UNDER 1 YEAR Months 15 Days 15 IF UNDER 24 HRS. Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Tennessee.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Cooper		13b. MOTHER'S MAIDEN NAME Mattie Unavailable		14. NAME OF HUSBAND OR WIFE Fred O. Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT Address Mrs. Roy Tohline, 11904 Natural Bridge Rd.	
18. CAUSE OF DEATH (Enter only one cause, no line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombotic Encephala. Malaria due to En- DUE TO (b) cephala or Cerebral Malaria DUE TO (c) 332 X				INTERVAL BETWEEN ONSET AND DEATH	
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 3:30 Month Aug Day 1960 Year 1960 a.m. 3:30 p.m.			20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from Jan 1st 1960 to Aug 18th 1960 and last saw her alive on Sept 2nd 1960 Death occurred at 9:30 m on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE TONED Sept 3, 1960		
22a. SIGNATURE Dann W Mueller D.O.		22b. ADDRESS 917 Airport Rd.		22c. DATE TONED Sept 3, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/3/60	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Birch Tree, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc.,		ADDRESS 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. 9-3-60	26. REGISTRAR'S SIGNATURE J. M. Murphy M.D.

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 Harvey Stahl

Licensed Embalmer No. 4596.....
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.