

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042555

FILED VS NOV 17 1960 / 62

Registration District No. _____ Primary Registration District No. 5595 Registrar's No. 119

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock township		Length of stay in 1b 2 weeks		c. CITY OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Oaks Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5228 Creighton Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Arthus Middle A Last Brown				4. DATE OF DEATH Month Nov. Day 3 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 Apr. 23, 1873		9. AGE (last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist			10b. KIND OF BUSINESS OR INDUSTRY Dental			11. BIRTHPLACE (City and state or country) Cincinnati Ohio			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Frederick Brown				13b. MOTHER'S MAIDEN NAME Charlotte Heckel				14. NAME OF HUSBAND OR WIFE Elizabeth P Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____				17. INFORMANT Address St. Louis, Mo. Emerson Brown 5228 Creighton Dr.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro-vascular arteriosclerosis</u> DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>Oct. 1960</u> to <u>Oct. 1960</u> and last saw her/him alive on <u>Oct. 30 1960</u> Death occurred at <u>5:00 PM 11/3/60</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Cicence J. Clark MD</u>						22b. ADDRESS <u>95 Pebble Brook Lane</u>			22c. DATE SIGNED <u>11/4/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Nov. 4, 1960		23c. NAME OF CEMETERY OR CREMATORY Mo. Crematory			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
24. FUNERAL DIRECTOR Heiligtag, Imperial, Mo.					25. DATE RECD. BY LOCAL REG. 11-4-60		26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 Elmer Halbigtag

Licensed Embalmer No. 3571

P. O. Address Imperial

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.