

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5848**

FILED JUN 29 1961

1. PLACE OF DEATH a. COUNTY			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, Missouri		Length of stay in 1b	c. CITY OR TOWN St. Louis, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3424 Delmar Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charlie Middle Last Brown			4. DATE OF DEATH Month June Day 21 Year 1961		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/15/1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Alabama	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Will Brown		13b. MOTHER'S MAIDEN NAME Nacey		14. NAME OF HUSBAND OR WIFE Margaret Brown	
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. Unknown		17. INFORMANT Address Mrs. Margaret Brown 3424 Delmar Avenue	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Fracture of left hip. Generalized arteriosclerosis.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **Suffered in fall to sidewalk at 1212 N. Grand on June 18th, 1961**

DUE TO (c) **accident**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
903.5-44

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
above

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street

20f. CITY, TOWN OR LOCATION COUNTY STATE
St. Louis, Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **12th A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul J. Simon Deputy Coroner

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
6/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Shipping

23b. DATE
5/25/61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)
Boligee, Alabama

24. FUNERAL DIRECTOR ADDRESS
E. B. Keone 1221 North Grand

25. DATE RECD. BY LOCAL REG.
JUN 23 1961

26. REGISTRAR'S SIGNATURE
Loard Smith. M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

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 Melvin Blackburn
Licensed Embalmer No. 3962

P. O. Address 12171 1/2 Ave

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.