

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

**-61-041511**

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5597 Registrar's No. 120

**FILED DEC 8 1961**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JEFFERSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY _____ |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC</u>                       |  | Length of stay in 1b <u>9 MO. 28 DAYS</u>   | c. CITY OR TOWN <u>PACIFIC</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|---------------------------|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>LOUIS A. BROWN, SR.</u>                        |                           |  | 4. DATE OF DEATH Month Day Year<br><u>NOVEMBER 26 1961</u>     |   |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-1-1871</u>                               | 9. AGE (last birthday) <u>90</u>        | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>GROGGER</u>   | 11. BIRTHPLACE (City and state or country) <u>PACIFIC, MO.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> |  |  |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>FRANK BROWN</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>SNYDER</u> |  | 14. NAME OF HUSBAND OR WIFE <u>BARBARA SCHMELZ</u>                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u>     |  | 17. INFORMANT Address <u>BROTHER LEONARD - ST. JOSEPH'S HILL INFIRMARY EUREKA, MO.</u> |  |

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| 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) <u>CARCINOMA of the mouth</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                             |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis.</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
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| 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 Month, Day, Year<br>a.m. p.m.   |   |  |

|  |  |   |
|--|--|---|
| 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 COUNTY STATE |
|--|--|---|

21. I attended the deceased from 1/28/60 to 11/26/61 and last saw <sup>her</sup>him alive on 11/24/61  
Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                  |
|---|--|----------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Patrick C. Hogan MD</u> | 22b. ADDRESS <u>2623 Telegraph Rd St Louis</u> | 22c. DATE SIGNED <u>11/27/61</u> |
|---|--|----------------------------------|

|   |           |  |   |
|---|-----------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-29-61</u> | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Bridgets Pacific</u> | 23d. LOCATION (City, town, or county) (State) <u>MO</u> |
|---|-----------|--|---|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>Mr John L. Huber Pacific MO</u> | 25. DATE RECD. BY LOCAL REG. <u>11-29-61</u> | 26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTALLED  
SHOULD READ  
AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union 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.