

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046123

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12174** STATE FILE NUMBER

FILED JAN 5 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5710a Labadie** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **CHARLES BROWN** 4. DATE OF DEATH Month Day Year **DECEMBER 24 1961**
 5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **27 June 1907** 9. AGE (last birthday) **54** 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) **Cook** 10b. KIND OF BUSINESS OR INDUSTRY **Norwood Hills** 11. BIRTHPLACE (City and state or country) **Portland, Ark.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**
 13a. FATHER'S NAME **Miniut Brown** 13b. MOTHER'S MAIDEN NAME **Lena ?** 14. NAME OF HUSBAND OR WIFE **Betty Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** If yes, give war or dates of service
 17. INFORMANT Address **Betty Brown 5710a Labadie**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **HEPATOMA**
 DUE TO (b) **CIRRHOSIS**
 DUE TO (c) **155.0**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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.)

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11-29-61**, to **12-24-61** and last saw him alive on **12-21-61**
 Death occurred at **8:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Oliver J. Biederman MD** 22b. ADDRESS **216 S. Kingshighway** 22c. DATE SIGNED **12-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **30 Dec. 1961** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Joane 1221 North Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **DEC 27 1961** 26. REGISTRAR'S SIGNATURE **Loal Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 1231 N. 1st St.

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.