

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046126

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 11490 STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	c. CITY OR TOWN <u>Richmond Heights</u>
Length of stay in 1b <u>2 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis - Little Rock Hospitals, Inc.</u>		d. STREET ADDRESS <u>7736 St. Albans Drive</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	<u>Mary</u>	<u>Caroline</u>	<u>Brown</u>		<u>December</u>	<u>8</u>	<u>1961</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1880</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-------------------------	----------------------------------	---	-------------------------------------	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
---	--	---	---

13a. FATHER'S NAME <u>James Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Single</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 <u>Agnes Brown</u>	Address <u>7736 St Albans Dr</u>
---	--	-------------------------------------	-------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		
DUE TO (b) <u>Hypertension</u>		
DUE TO (c) <u>331x</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tumor of left breast</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 s.m. p.m.	Month, Day, Year
---	------------------

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.) <u>12:15 PM</u>	CITY, TOWN, OR LOCATION	COUNTY	STATE
--	---	-------------------------	--------	-------

21. I attended the deceased from <u>December 7, 1961</u> to <u>December 8, 1961</u> her and last saw him alive on <u>Dec. 8, 1961</u>
Death occurred at <u>10:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Deland G. Hasto M.D.</u>	(Degree or title)	22b. ADDRESS <u>Mo. Pacific Hosp.</u>	22c. DATE SIGNED <u>12/9/61</u>
---	-------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-11-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <u>Arthur J. Donnelly Funeral Home - St.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>DEC 10 1961</u>	24b. REGISTRAR'S SIGNATURE <u>Joan Smith, M.D.</u>
--	---------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 24 1962

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 Francis Williamson

Licensed Embalmer No. 3565
P. O. Address 3840 Guide

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.