MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012494

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED APR 6 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3443

VS 300 Rev. 4/59

1 2 8/20-7 3 4 1 5 .0 6 7 0 8 1 9 10 11 12 84-0 13 84

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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 21 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Children's — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Alexander
c. CITY OR TOWN Miller City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Box 250 R. R. # 1 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LISA Middle RAE Last BROWN

4. DATE OF DEATH Month 3 Day 30 Year 62

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-9-61
9. AGE (last birthday) — IF UNDER 1 YEAR Months 13½ Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Wyatt, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Riley Brown, Jr.
13b. MOTHER'S MAIDEN NAME Ruth Ketchum
14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ann Pryor — Address St. Louis 10, Missouri 500 So. Kingshighway

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

IMMEDIATE CAUSE (a) Cardiac Arrest Respiratory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hydrocephalus - Post-operative
DUE TO (c) Holter Valve - Septicemia Hemophilus influenzae

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pneumococcus 340.0

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 3-9-62, to 3-30-62 and last her alive on 3-30-62
Death occurred at 12:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert H. Chavannes MD
22b. ADDRESS 500So. Kingshighway St Louis, Missouri
22c. DATE SIGNED 3-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/30/62
23c. NAME OF CEMETERY OR CREMATORY Charleston
23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR Josephine Schmidt — ADDRESS Columbia Ill
25. DATE RECD. BY LOCAL REG. 3-30-1962
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Josephine Schmidt

Licensed Embalmer No. 7075

P. O. Address Columbia, Ill

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.