MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024454

STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 5927

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
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: Homer G. Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2918 Delmar
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Florence Middle Last Brown

4. DATE OF DEATH: Month 6 Day 12 Year 62

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ 9 Divorced ☐
8. DATE OF BIRTH: 8-16-97
9. AGE (last birthday): 64 YR
IF UNDER 1 YEAR: Months 9 Days 27
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): N.I
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): PORT GIBSON
12. CITIZEN OF WHAT COUNTRY: MISS.

13a. FATHER'S NAME: HARRISON STARNES
13b. MOTHER'S MAIDEN NAME: EDITH ?
14. NAME OF HUSBAND OR WIFE: Floyd BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNIE BYRD Address: 3633 Cook Av.

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)	Cerebral Thrombosis	Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	Undet.
DUE TO (c)	332X	

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

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 5-14-62, to 6-12-62 and last saw her alive on 6-12-62
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: 2601 N. Whittier Ave.
22c. DATE SIGNED: 6-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 6-18-62
23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD
23d. LOCATION (City, town, or county): St Louis (State): MO

24. FUNERAL DIRECTOR: A F WALTON ADDRESS: 2707 Stoddard
25. DATE RECD. BY LOCAL REG.: JUN 14 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

MEDICAL CERTIFICATION

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22	19	
3			
4	3		
5	9		
6			
7	1		
8	2		
9			
10			
11			
12	77-0		
13			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

77

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed W. Claude Gordon

Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 1123 N Taylor

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.