MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-032321
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7863

FILED AUG 22 1962

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: 5555 Wells — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5555 Wells — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Marshall — Middle — Last Brown
4. DATE OF DEATH: Month 8 Day 9 Year 1962
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-10-1900
9. AGE (last birthday): 62
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): Labor
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Brown
13b. MOTHER'S MAIDEN NAME: Mary Williams
14. NAME OF HUSBAND OR WIFE: Mary A. 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 — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma (adeno) head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 157X

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 7-9-62 to 8-9-62 and last saw him alive on 8-5-62
Death occurred at 12 32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward B. Williams M.D.
22b. ADDRESS: 2801 N. Taylor
22c. DATE SIGNED: 8-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-13-62
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis City, Mo.

24. FUNERAL DIRECTOR: Thomas Jackson — ADDRESS: 2741 Dickson
25. DATE RECD. BY LOCAL REG.: AUG 11 1962
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2069		
3			
4	2		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	90-0		
13			

90

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.