MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032323

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8300

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL
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): 1457 LAUREL
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RUSSELL Middle: Last: BROWN

4. DATE OF DEATH: Month: AUGUST Day: 24 Year: 1962

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-7-1908

9. AGE (last birthday): 53
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): CHAUFFER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): NASHVILLE, TENN.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Edward Brown

13b. MOTHER'S MAIDEN NAME: Jessie Unknown

14. NAME OF HUSBAND OR WIFE: Lovie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Lovie Brown Address: 1457 Laurel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HEPATIC COMA	36 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	GASTROINTESTINAL HEMORRHAGE	1 WEEK
DUE TO (c)	CARCINOMA OF PANCREAS WITH METASTASES TO LIVER	6 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 157X

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 SEPTEMBER 12, 1960 to AUGUST 24, 1962 and last saw her/him alive on AUGUST 24, 1962

Death occurred at 12:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermelho, M.D. (Degree or title): M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 8/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 8-30-1962

23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD

23d. LOCATION (City, town, or county): St Louis Co. (State): MO

24. FUNERAL DIRECTOR: LOVE UNDERTAKING CO. ADDRESS: 3103 WASHINGTON

25. DATE RECD. BY LOCAL REG.: AUG 27 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 1237 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.