

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-035973  
STATE FILE NUMBER

318 1003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8407

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2 225  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED WITH SEP 17 1962

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY MO. b. COUNTY

c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis Length of stay in 1b

c. CITY OR TOWN ST, Louis Inside Limits Yes  No

d. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City # 1 Inside Limits Yes  No

d. STREET ADDRESS 1112 N. 9th ST. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Charles Edward Brown

4. DATE OF DEATH 8 month 27 Day Year 1962

5. SEX M 6. COLOR OR RACE Negro 7. Married  Widowed  Never Married  Divorced

8. DATE OF BIRTH 12/27/59 9. AGE (last birthday) 2 year

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) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) MO. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Brown 13b. MOTHER'S MAIDEN NAME Ida Mae Houston 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT John Brown Address 1112 N. 9th ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sxaxis thymicolymphaticus

INTERVAL BETWEEN ONSET AND DEATH 273x

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

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 6:30 P to and last saw her him alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor Coronar 22b. ADDRESS 1300 Clark Ave 22c. DATE SIGNED 8-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 8-31-62 23c. NAME OF CEMETERY OR CREMATORY Green Wood 23d. LOCATION (City, town, or county) ST Louis MO (State)

24. FUNERAL DIRECTOR ADDRESS Williams Funeral Home 5511 ST. Louis 25. DATE RECD. BY LOCAL REG. AUG 28 1962 26. REGISTER'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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy W. Bonmeister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.

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