

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21508

FILED JUL 6 1948

Registration District No. 217

Primary Registration District No. 2063

Registrar's No. 1578

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis Co.
(c) City or town SOUTH KINLOCH
(If outside city or town limits, write "RURAL")
(d) Street No. LYANS + BANCERT
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADDIE BROWDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race CAUCAS 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GIVENS BROWDER 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased MAR. 29 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 19 If less than one day hr. _____ min. _____

9. Birthplace CLARKSVILLE TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

MOTHER FATHER { 12. Name BEN. MIMAS
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name FANNIE
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant HOSPITAL RECORD

(b) Address St. Louis County Hospital

17. (a) burial (b) Date thereof 2-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation unattended

18. (a) Signature of funeral director Paul J. ...

(b) Address 2931 ...

19. (a) 6-15-48 (b) Paul J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18
year 1948 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from JUNE 17, 1948 to JUNE 18, 1948; and that death occurred on the date and hour stated above.

that I last saw h. ER alive on JUNE 18, 1948.
Immediate cause of death cerebrovascular accident Duration _____

Due to arteriosclerosis

Due to _____

Other conditions pneumonia
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: 830

Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____
23. Signature W. W. ... (M. D. or other) _____
Address 601 BRENTWOOD BLVD Date signed 6/19/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 6 1960

VS
JUL 6
1960
SA

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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 this body is not embalmed, fact should be so stated above.