

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2506  
358  
Registrar's No.

318

1003

|  |  |  |   |   |  |   |   |
|--|--|--|---|---|--|---|---|
| BIRTH NO.  |  | REG. DIST. NO.   |   | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |   |
| 1. PLACE OF DEATH<br>a. COUNTY — <u>ST. LOUIS</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>PIKE</u> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis, Missouri</u>   |  | c. LENGTH OF STAY (If in this place)<br><u>2 days</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>CURRYVILLE</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>0</u>             |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Barnes Hospital, 1</u>   |  |  |   | d. STREET ADDRESS   |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Forest</u><br>b. (Middle) <u>Gilbert</u><br>c. (Last) <u>Brown</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>January 10 1949</u> |   |  |   |   |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>M</u>  |  | 8. DATE OF BIRTH<br><u>FEB 16 1899</u>                              |   |
| 9. AGE (In years last birthday)<br><u>49</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>CURRYVILLE</u>      |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  | 13a. FATHER'S NAME<br><u>EVERETT BROWN</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>MYRLE HENDRIX</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>JANICE BROWN</u>                  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>498-05-9955</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Janice Brown Curryville Mo</u>  |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Brain tumor, malignant</u>   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>ANTECEDENT CAUSES (b)<br>MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>5/19/5</u> |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 mo</u>                                     |
| 19a. DATE OF OPERATION<br><u>1-9-49</u>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Rt. Temporal Lobe Brain tumor</u>   |   |   |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?  |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>January 8, 1949</u> , to <u>January 10, 1949</u> , that I last saw the deceased alive on <u>January 10, 1948</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above. |  |  |   |   |  |   |   |
| 23a. SIGNATURE (Degree or title)<br><u>Henry W. Bass, M.D.</u>   |  |  |   | 23b. ADDRESS<br><u>Barnes Hospital,</u>   |  | 23c. DATE SIGNED<br><u>1/10/49</u>                                  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>Jan-13-1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Vandalia Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Vandalia Mo</u> |   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>J. B. Lasater</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. S. Waters</u>  |   | ADDRESS<br><u>Vandalia Mo</u>   |  |   |   |

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

JAN 2 9 1949

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.

Signed William B Waters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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.