

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2507  
711 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2000	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	d. STREET ADDRESS (If rural, give location) 5185 Kensington
d. FULL NAME OF HOSPITAL OR INSTITUTION 5185 Kensington			

3. NAME OF DECEASED (Type or Print) a. (First) Lennie b. (Middle) BROWN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23-49		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? 6	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Brown			
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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'S SIGNATURE OR NAME ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 10 months  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) La Grippe DUE TO (c) [Signature]  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) m		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-20, 1949 to 1-23, 1949, that I last saw the deceased alive on 1-20, 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 608 Kingsland		23c. DATE SIGNED 1-24-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 Jan. 24 49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emet Cem		24d. LOCATION (City, town, or county) (State) St. Louis - Missouri	
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DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE J. B. Sussater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudskopf, Inc. 5216 Delmar			
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**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

*[Handwritten signature]*  
*Herman [unclear]*

Licensed Embalmer No. ....

Signed .....  
Student Embalmer

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.