

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2508

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 419

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry | |
| 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 Stanberry | | 38 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3837 Bates Ave. | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-----------------|----------------------|-----------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) Nicholas | c. (Last) Brown | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 1 - 13 - 1949 |

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|-------------|------------------------|--|-------------------------------|------------------------------------|-----------------------|---------------------|----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH May 12, 1850 | 9. AGE (In years last birthday) 98 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 MIN. Hours | # UNDER 1 MIN. Mins. |
|-------------|------------------------|--|-------------------------------|------------------------------------|-----------------------|---------------------|----------------------|----------------------|

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|---|---|---|-----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Painter | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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|---------------------------------|-----------------------------------|---|
| 13a. FATHER'S NAME George Brown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Clara 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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Boulware, 3837 Bates Ave. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial failure | | 3 weeks |
| | ANTECEDENT CAUSES DUE TO (b) Chronic mitral endocarditis | | 10 plus years |
| DUE TO (c) cause unknown | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prostatic hypertrophy | | | 10 plus years |

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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) | 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) | 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 11-20, 1948, to 1-13-49, 19__, that I last saw the deceased alive on 1-7-, 1949, and that death occurred at 7:00P.M., from the causes and on the date stated above.

| | | |
|---|---------------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) <i>Richard St. Louis, M.D.</i> | 23b. ADDRESS 6006 Virginia Ave. | 23c. DATE SIGNED 1/13/49 |
|---|---------------------------------|--------------------------|

| | | | |
|--|-------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-17-49 | 24c. NAME OF CEMETERY OR CREMATORY Stanberry, Mo. | 24d. LOCATION (City, town, or county) (State) |
|--|-------------------|---|---|

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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 14 1949 <i>J. B. Casate</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington |
|---|---|

(Licensed Embalmers' Statement on Reverse Side)

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

Handwritten initials

N.R.

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed George W. Wilkinson.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3575.....

P. O. Address St Louis 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.