

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2510
675
Registrar's No.

318

1003

BIRTH NO. 49-005894 REG. DIST. NO. PRIMARY REG. DIST. NO.

20

WRITE PLAINLY—USING 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2243 Cass Ave. /		d. STREET ADDRESS (If rural, give location) 2243. Cass Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Paul c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 1 23 1949	
5. SEX male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Jan 9th 1949	
9. AGE (In years last birthday) 19		10. IF UNDER 1 YEAR Months Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Harry L. Brown.		13b. MOTHER'S MAIDEN NAME Ida E. Cory	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry L. Brown. 2243 Cass Ave.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppuration when found dead in bed at cause ANTECEDENT CAUSES (b) due to (b) on Jan 23 1949 about 8:30 am Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Cause + Manner of cause could not be determined Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Samuel E. Jayson		23b. ADDRESS 1-300 Clark	
23c. DATE SIGNED 11/23/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE - 1-25-1949		24c. NAME OF CEMETERY OR CREMATORY Oakgrove Cemetery	
24d. LOCATION (City, town, or county) / (State) St. Charles Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Leidner U. Co. 2223 St. Louis	
DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE JB Pasator	

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *John P. Buchholz* _____

Licensed Embalmer No. *1674* _____

P. O. Address *2223 St. Louis Ave* _____

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.