

No. 300
10.48

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13633**
Registrar's No. **3708**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 8 days		a. STATE Missouri b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		(Month) (Day) (Year)	
a. (First) Willis		b. (Middle) Andrew		c. (Last) Brown		April 24 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 31, 1910	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Analyst-Nat'l.			10b. KIND OF BUSINESS OR INDUSTRY Bearing Metal Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Unknown Brown			13b. MOTHER'S MAIDEN NAME Sophia Ruchnagel		14. NAME OF HUSBAND OR WIFE Alice Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Alice Brown 7729 Lansdowne 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic purpura ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Monocytic Leukemia Apr 9 1949 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 74 7/4/49					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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)		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 April 16 , 19 49 , to April 24 , 19 49 , that I last saw the deceased alive on April 24 , 19 49 , and that death occurred at 3:00 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F.R. Bradley M.D. U				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 4/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 25 1949		REGISTRAR'S SIGNATURE J. B. L...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

MAY 19 1950
MAY 23 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.

Student
Student Embalmer

Signed Edwin M. Bennett

Licensed Embalmer No. 3024

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.