

FILED MAY 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4177

318

1003

Registrar's No.

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|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 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, Mo. | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Sanitarium | | | | d. STREET ADDRESS (If rural, give location) 110a Nagel | | | |
| 3. NAME OF DECEASED (Type or Print) RICHARD | | a. (First) | | b. (Middle) | | c. (Last) BROWN | |
| 4. DATE OF DEATH (Month) (Day) (Year) May 8 1949 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH Feb. 11, 1887 | | 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months 1 | | IF UNDER 24 HRS. Days 27 | |
| 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) New Jersey | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME John Brown | | 13b. MOTHER'S MAIDEN NAME Bridget Cannon | | 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) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice Zeller 110a Nagel | | | |
| 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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Generalized Arteriosclerosis rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. 3 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 932 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | | | |
| 22. I hereby certify that I attended the deceased from Jan. 1, 1948 , to May 8, 1949 , that I last saw the deceased alive on May 8, 1949 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Paul T. Hartman (M.D.) | | | | 23b. ADDRESS 5400 Arsenal St. | | 23c. DATE SIGNED 5/8/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-11-49 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. | | 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | |
| DATE REC'D BY LOCAL REG. MAY 10 1949 | | REGISTRAR'S SIGNATURE J. B. Laster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd. | | | |

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

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 _____

Leif Van Fossen

Signed _____
Student Embalmer

Licensed Embalmer No. *4247*

P. O. Address *6011 So Grand*

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.