

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17906**

FILED MAY 28 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. - DIST. NO. **3066** Registrar's No. **599**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 240 E. Jefferson Ave		d. STREET ADDRESS 240 E. Jefferson Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year)
				April 23 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 19 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Seymour, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Edwin Doane	13b. MOTHER'S MAIDEN NAME Dora Keller	14. NAME OF HUSBAND OR WIFE Howard 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. 1	17. INFORMANT'S SIGNATURE OR NAME Mrs Robert P. White ADDRESS 240 E. Jefferson
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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, athermia, 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 myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) 4-2-2-0		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severely		930	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **3-10**, 19**49**, to **4-4**, 19**49**, that I last saw the deceased alive on **4-4**, 19**49**, and that death occurred at **9:30A** **4/13/49** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Royal C. McLean M.D.	23b. ADDRESS 126 E. Jefferson Kirkwood	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/14/49	24c. NAME OF CEMETERY OR CREMATORY Seymour, Indiana	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-14-49	REGISTRAR'S SIGNATURE Howard L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger	ADDRESS Kirkwood 22 Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
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3

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

John M. Meyer

Licensed Embalmer No. *3788*

P. O. Address *Kirkwood Ind*

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.