

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27897

318

Registrar's No. 7008

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7008			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 46					
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital				d. STREET ADDRESS (If rural, give location) N.R. 7401 Canton 35					
3. NAME OF DECEASED a. (First) Bertram		b. (Middle) H.		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 30, 1893			
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Fairmont Hotel		11. BIRTHPLACE (State or foreign country) Greenwood, Ark.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Thomas L. Brown		13b. MOTHER'S MAIDEN NAME Grace Harrison		14. NAME OF HUSBAND OR WIFE Mrs. Mercedes Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mercedes Brown, 7401 Canton					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 10 yrs.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Carcinoma of Stomach				3 mo.	
19a. DATE OF OPERATION 7/13/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach						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)		21d. (STATE) 93			
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? 151X					
22. I hereby certify that I attended the deceased from June 17, 1949, to Aug 10, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Harry K. Purcell, M.D.				23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 11 Aug '49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-12-1949		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL AUG 11 1949		REGISTRAR'S SIGNATURE L. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Alexander S. Soudine		ADDRESS 6175 Delmar			

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

Dr. Harry Russell  
4660 Maryland  
F05751

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 jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.