

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27901**
7327

FILED AUG 27 1949

318

1003

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		c. LENGTH OF STAY (If in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4216 W. Ashland Avenue				d. STREET ADDRESS (If rural, give location) 10-4216 West Ashland Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Frances		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 8/ 19/ 49	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-27-1917	
9. AGE (In years last birthday) 32		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Saint Louis Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lawrence Golden			13b. MOTHER'S MAIDEN NAME Roberta Dade			14. NAME OF HUSBAND OR WIFE William H. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) No.		16. SOCIAL SECURITY NO. (If year of issue and date of service) No ne		17. INFORMANT'S SIGNATURE OR NAME William H. Brown		ADDRESS 4216 W. Ashland Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated Lupus Erythematosus ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 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) 153			
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? H56X			
22. I hereby certify that I attended the deceased from June , 1948, to Aug 17 , 1949, that I last saw the deceased alive on Aug 17 , 1949, and that death occurred at, 11:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward B. Williams Jr M.D.				23b. ADDRESS 4247 Easton, St. Louis, Mo.		23c. DATE SIGNED 8-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/24/49		24c. NAME OF CEMETERY OR CREMATORY St. Louis Woodlawn		24d. LOCATION (City, town, of county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. AUG 23 1949		REGISTRAR'S SIGNATURE J B Fasaler		25. FUNERAL DIRECTOR'S SIGNATURE La J. Sneed		ADDRESS 3615-17 Easton	

WRITE PLAINLY—USING UNFAADING 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.....

Leroy W. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton 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.