

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28842**

FILED SEP 6 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1952**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Jacksonville	
c. LENGTH OF STAY (in this place) 123 days		d. STREET ADDRESS (If rural, give location) 444 North Webster	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) F. c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) August 12, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 27, 1877
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) New York City, N.Y.	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unavailable	13b. MOTHER'S MAIDEN NAME Unavailable	14. NAME OF HUSBAND OR WIFE Deceased
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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) yes Spanish-American	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar	ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral thrombosis with Left Hemiplegia. Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with Left Hemiplegia. Arteriosclerosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 11, 1949**, to **Aug. 12, 1949**, that I last saw the deceased alive on **Aug. 12, 1949**, and that death occurred at **7:50 a. m.**, from the causes and on the date stated above.

22a. SIGNATURE L.E. Stelwell (Degree or title) _____	22b. ADDRESS (Veterans) Adm. Hqs.	22c. DATE SIGNED _____
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-49	23c. NAME OF CEMETERY OR CREMATORY The Broom	23d. LOCATION (City, town, or county) (State) Jacksonville, Illinois
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DATE REC'D BY LOCAL REG. 8-15-49	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46
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STATEMENT BY LICENSED EMBALMER

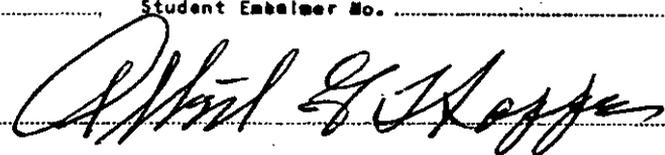
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. _____

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.