

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31632

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8298

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS 22-2808 Clark Avenue		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Cornelius		b. (Middle) Jordan	
c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1949	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1885
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 21	IF UNDER 1 HR. Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Augamore, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Sid Brown	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Cornelia Brown		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. Unknown
17. INFORMANT'S SIGNATURE OR NAME Hortense Currie		ADDRESS 3954 Page Blvd.	
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) ANTECEDENT CAUSES DUE TO (b) <i>Edema of Brain</i> DUE TO (c) <i>Cardiac Hypertrophy</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (STATE) 930			
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? 4243			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 7:00 P. M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter Perry</i> (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9/26/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-30-49	
24c. NAME OF CEMETERY OR CREMATORY Oakdale cemetery		24d. LOCATION (City, town, or county) Le May, Missouri	
DATE REC'D BY LOCAL REG. SEP 27 1949		REGISTRAR'S SIGNATURE <i>J. B. Fasola</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Koonce</i>		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

Mona

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: *Jessie C. Cooper*
Licensed Embalmer No. *4600*

P. O. Address *1221 E. Grand*

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.