

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2324**  
**788**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Missouri</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route to City Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>StLouis</b> d. STREET ADDRESS (If rural, give location) <b>18 473 Blaine Ave</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Augusta</b> c. (Last) <b>Brown</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1/22/50</b>	
<b>5. SEX</b> Male <b>0</b>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> June 1, 1870
<b>9. AGE</b> (In years less birthday) <b>79</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Blacksmith	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Farm repair
<b>11. BIRTHPLACE</b> (State or foreign country) Lincoln Co., Missouri		<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.	
<b>13a. FATHER'S NAME</b> Thomas Brown		<b>13b. MOTHER'S MAIDEN NAME</b> Melissa Ives	
<b>14. NAME OF HUSBAND OR WIFE</b> Mildred J. Brown			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No		<b>16. SOCIAL SECURITY NO.</b> None	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Mildred Brown</b> <b>ADDRESS</b> <b>473 Blaine St Loui</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hydrothorax right</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) <b>Cardiac Hypertrophy</b>	
		DUE TO (c) <b>Arterio sclerosis</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Hb MO</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:50 P</b> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Name or title) <i>Joseph M. ...</i>		<b>23b. ADDRESS</b> <b>1300 Clark</b>	
<b>23c. DATE SIGNED</b> <b>1/25/50</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial		<b>24b. DATE</b> <b>1/25/50</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> Troy, Cemetery		<b>24d. LOCATION</b> (City, town, or county) (State) Troy, Missouri	
<b>DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JAN 25 1950</b> <i>J. B. Lacater</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> Kemper Funeral Home Troy, Missouri	

**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.....

*Joseph J. Marsh*

Licensed Embalmer No. .... 3932 .....

P. O. Address..... Troy, Missouri .....

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.