

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2326

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **652**

2009  
1  
advised

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2170</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>16 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4117 Chouteau</b>		d. STREET ADDRESS (If rural, give location) <b>18 4117 Chouteau</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Walker</b> c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-18-1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-10-1875</b>
9. AGE (in years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wagler Gaslight</b>	11. BIRTHPLACE (State or foreign country) <b>Newburg Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Brown</b>	
13b. MOTHER'S MAIDEN NAME <b>Jane Roach</b>		14. NAME OF HUSBAND OR WIFE <b>Olive</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Olive Brown</b>		ADDRESS <b>4117 Chouteau</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b> 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		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) <b>4214</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>July 1, 1949</b> , to <b>July 18, 1950</b> , that I last saw the deceased alive on <b>July 12, 1950</b> , and that death occurred at <b>70 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. E. Sheets M.D.</b>		23b. ADDRESS <b>4329 Manchester</b>	
23c. DATE SIGNED <b>1/20/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-20-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 21 1950</b> <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service Inc</b> <b>4201 Manchester Ave. St. Louis 10,</b>	

FEB 19 1951

*Handwritten:* 2-19-51  
6-1

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 *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis, Mo*

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.