S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2328

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 915

1. PLACE OF DEATH
a. COUNTY ~~ST Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) bHomer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE St Louis
b. COUNTY 2214
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Missouri 0
d. STREET ADDRESS (If rural, give location) 2907 Dolmar

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle)
c. (Last) Brown

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1950

5. SEX Female 3
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 7. 26. 1886
9. AGE (In years last birthday) 63 — 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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Jackson Toon
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lee Jones
13b. MOTHER'S MAIDEN NAME Nancy Unknown
14. NAME OF HUSBAND OR WIFE Paul Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Nellie Koys
17. INFORMANT'S SIGNATURE OR NAME Nellie Koys 4710 Highland — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH Undet.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) 491X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 1-15, 19 50 *to* 1-25, 19 50, *that I last saw the deceased alive on* 1-25, 19 50, *and that death occurred at* 3:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE James T. Hedrick (Degree or title) M.D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 1-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) 9
24b. DATE 1-30-50
24c. NAME OF CEMETERY OR CREMATORY Washington park
24d. LOCATION (City, town, or county) (State) St Louis, Co. Mo

DATE REC'D BY LOCAL REG. 1
REGISTRAR'S SIGNATURE J B Lavater
25. FUNERAL DIRECTOR'S SIGNATURE Allen Darles — ADDRESS 3506 Franklin

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1950

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.