S. No. 300
Rev. 10.48

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

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2329
Registrar's No. 649

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG.-DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
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): Homer Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4564 W. Pine Blvd. Missouri

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

4. DATE OF DEATH (Month): 1 (Day): 17 (Year): 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 4-17-1900
9. AGE (In years last birthday): 49 — 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): Butler
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Montrose, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Major Brown
13b. MOTHER'S MAIDEN NAME: Stella Sumner
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hamp Brown — ADDRESS: 8623 Grace Ave.

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) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1yr.

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 ☐ 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): Hlo X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 19 44, *to* 1-17, 19 50, *that I last saw the deceased alive on* 1-16, 19 50, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward B. Williams (Degree or title) M.D.
23b. ADDRESS: 4242 Easton, St Louis
23c. DATE SIGNED: 1-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/21/50
24c. NAME OF CEMETERY OR CREMATORY: Newton, Miss.
24d. LOCATION (City, town, or county) (State): Mississippi.

DATE REC'D BY LOCAL REG. JAN 21 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.W. Roberts 1416 N. Taylor Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 13, 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.