

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1950

State File No. 3492
Registrar's No. 3492

No. 300
10.48

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

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2729

d. FULL NAME OF HOSPITAL OR INSTITUTION 2734 Eugenia St d. STREET ADDRESS (If rural, give location) 2734 Eugenia St.

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

4. DATE OF DEATH (Month) (Day) (Year) April 12 1950

5. SEX male 6. COLOR OR RACE negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb 26, 1886 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY B.F. Helfland Sons 11. BIRTHPLACE (State or foreign country) Dyersburg, Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Not known 13b. MOTHER'S MAIDEN NAME Martha Brown 14. NAME OF HUSBAND OR WIFE Marie C. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. 4920-02-7623 17. INFORMANT'S SIGNATURE OR NAME Marie C. Brown ADDRESS 2734 Eugenia St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES Coronary Occlusion

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (Sclerosis)

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 200 P. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. Ross Clark (Degree or title) 3 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 4/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-17-50 24c. NAME OF CEMETERY OR CREMATORY Washington PK 24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REG. APR 17 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal ADDRESS Undertaking Co 2726 Hayes

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

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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

Theodore Gardner

Licensed Embalmer No. *4243*

P. O. Address *14 Weyman*

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.