

No. 300
10. 48

FILED JUN 9 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18025

State File No. 4836

Registrar's No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 2249 St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION In Route to Hospital | | e. STREET ADDRESS (If rural, give location) 224I Keokuk | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John | b. (Middle) Frank | c. (Last) Brown | 4. DATE OF DEATH (Month) (Day) (Year) May 29 1950 |
|---|----------------------|--------------------|--|

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|------------------|---------------------------|---|---------------------------------|---------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 | 8. DATE OF BIRTH Aug 20 1880 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|------------------|---------------------------|---|---------------------------------|---------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Custodian | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? |
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|-----------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME Franz Brown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Martha Wife |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 492-07-3904 | 17. INFORMANT'S SIGNATURE OR NAME Martha Brown | ADDRESS 224I Keokuk |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Extra peritoneal hemorrhage | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 2:45P m., from the causes and on the date stated above.

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| 22a. SIGNATURE (Degree or title) Patrick E Taylor Cur 3 | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 6.1.50 |
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|---|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1 | 24b. DATE 6/2/50 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem | 24d. LOCATION (City, town, or county) (State) St. Louis County |
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|------------------------------------|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. 6-1-50 | REGISTRAR'S SIGNATURE J. B. Lanster | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher | ADDRESS 3013 Meramec St. |
|------------------------------------|--|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

File 4836

Handwritten mark

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.....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.