

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24598

State File No. 6025

BIRTH NO. 43564-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			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 Missouri St. Louis		c. LENGTH OF STAY (in this place) 2 Days 1 hr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Peoples Hospital			d. STREET ADDRESS (If rural, give location) 1202 Elliot Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Gloria		b. (Middle) Jeane		c. (Last) Brown		
4. DATE OF DEATH (Month) (Day) (Year) June 10, 1950		5. SEX Female		6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH June 8, 1950		9. AGE (In years last birthday) 21		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Geraldine Rankin		
14. NAME OF HUSBAND OR WIFE		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.		
17. INFORMANT'S SIGNATURE OR NAME Geraldine Rankin		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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURE (7 hrs)</u> ANTECEDENT CAUSES Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X		
22. I hereby certify that I attended the deceased from June 8, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 5:02 A.M., from the causes and on the date stated above.						
23a. SIGNATURE A. E. Hale		23b. ADDRESS No 0 822 @ N. J. Jefferson		23c. DATE SIGNED J6/10/50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUL 14 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUL 13 1950		REGISTRAR'S SIGNATURE J. O. Pasater		
FUNERAL DIRECTOR'S SIGNATURE Rowland Service - 4104 Manchester		ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

6025

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.