

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

28045

State File No. 7528

BIRTH NO. 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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4352 Tholozan Ave.		16 STREET ADDRESS (If rural, give location) 4352 Tholozan Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) PRESTON b. (Middle) WILLIAM c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) Sep. 2 1950		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur-Construction Materials Co.	10b. KIND OF BUSINESS OR INDUSTRY Construction Materials Co.	11. BIRTHPLACE (State or foreign country) Maryland Hts. Mo.	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Ephrum Brown	13b. MOTHER'S MAIDEN NAME Jane Dunning	14. NAME OF HUSBAND OR WIFE Lydia Brown
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lydia Brown	ADDRESS 4352 Tholozan Ave.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>1 1/2 yrs</i> <i>3 mo</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Endocarditis</i>		
	DUE TO (c) <i>Post Coronary Infarct</i>		
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 <input type="checkbox"/> NO <input checked="" 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)
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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 <i>H2O1</i>
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22. I hereby certify that I attended the deceased from *Post 24th*, to *Sept 2, 1950*, that I last saw the deceased alive on *Sept 2, 1950*, and that death occurred at *3:10 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Hatter A. Hoffing</i>	(Degree or title)	23b. ADDRESS <i>4246 Berwick</i>	23c. DATE SIGNED <i>9/5/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. OFFICE SEP 5 1950	REGISTRAR'S SIGNATURE <i>J B Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X Dr Kingshighway plates car engine

10:17 11:12

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 Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.