No. 200
10.48

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

FILED OCT 27 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34626

BIRTH NO. 6-7984-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8818

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Missouri St Louis
c. LENGTH OF STAY (In this place) 11hrs. 5mins
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 22 19
d. STREET ADDRESS (If rural, give location) 2 3106 Easton

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

**4. DATE OF DEATH** (Month) 10 (Day) 10 (Year) 50

**5. SEX** Male
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)
**8. DATE OF BIRTH** 10-9-50
**9. AGE** (In years last birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours 11 / Min. 5

**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) Missouri
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**
**13b. MOTHER'S MAIDEN NAME** Yvonne Brown
**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** Arthur M. Sherard, KRL — **ADDRESS** 2601 N. Whittier

**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) Premature birth — INTERVAL BETWEEN ONSET AND DEATH

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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 776X

22. *I hereby certify that I attended the deceased from* 10-9-, 1950, *to* 10-10-, 19 50 *that I last saw the deceased alive on* 10-10-, 1950, *and that death occurred at* 12-50 A.M. *from the causes and on the date stated above.*

**23a. SIGNATURE** William S. Finkes
(Degree or title) M. D.
**23b. ADDRESS** 2601 N. Whittier
**23c. DATE SIGNED** 10-10-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) In
**24b. DATE** OCT 18 1950
**24c. NAME OF CEMETERY OR CREMATORY** Anatomical Board
**24d. LOCATION** (City, town, or county) (State)

**DATE REC'D BY LOCAL REG.** OCT 18 1950
**REGISTRAR'S SIGNATURE** J B Sasseen
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** Rowland Mortuary Service
4101 Manchester Ave. St. Louis 10,

(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.....

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 wi the above constitutes grounds for revocation of license.)**

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