

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. **34632**
Registrar's No. **8988**

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

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo**
 c. LENGTH OF STAY (in this place) **16 da.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Missouri Pacific Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Illinois** b. COUNTY **Madison**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Alton**
 d. STREET ADDRESS (If rural, give location) **1510 Main St.**

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

4. DATE OF DEATH (Month) (Day) (Year) **10 20 50**
5. SEX **Male** **6. COLOR OR RACE** **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Jan. 7, 1884** **9. AGE** (In years last birthday) **66**
 If UNDER 1 YEAR: Months _____ Days _____
 If UNDER 11 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Auditor, retired**
10b. KIND OF BUSINESS OR INDUSTRY **Railroad**
11. BIRTHPLACE (State or foreign country) **Osage County, Illinois**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Markis Brown** **13b. MOTHER'S MAIDEN NAME** **Adelia Geysler**
14. NAME OF HUSBAND OR WIFE **Helene E. 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. **702-14-1805**
17. INFORMANT'S SIGNATURE OR NAME **Helene E. Brown** **ADDRESS** **1510 Main St. Alton, Ill.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial infarction**
 ANTECEDENT CAUSES **DUPLICATE TO (b)** **Arteriosclerosis**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUPLICATE 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) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **H201**

22. I hereby certify that I attended the deceased from **10-4, 1950, to 10-20, 1950,** that I last saw the deceased alive on **10-20, 1950,** and that death occurred at **7:30 m.,** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert A. Strecker M.D.** **23b. ADDRESS** **1755 So. Grand** **23c. DATE SIGNED** **10-20-50**

24a. BURIAL OR CREMATION (Specify) _____ **24b. DATE** **Oct. 23, 1950** **24c. NAME OF CEMETERY OR CREMATORIAL** **Upper Alton Cemetery, Alton,** **24d. LOCATION** (City, town, or county) (State) **Illinois**

DATE REC'D BY LOCAL REG. **OCT 23 1950** **REGISTRAR'S SIGNATURE** **J. B. Lancaster** **25. FUNERAL DIRECTOR'S SIGNATURE** **Robert H. Strecker** **ADDRESS** **Alton, Ill.**

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

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 ~~X~~ _____
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed Robert H. Streep
Licensed Embalmer No. 2474
P. O. Address Altam, Ill.

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.