

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

7039 State File No. 535

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 535

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Manchester
c. LENGTH OF STAY (in this place) 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN Manchester Mo 4749
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) Fred
b. (Middle) Henry
c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year)
Feb 19, 1951

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 6-4-1878

9. AGE (in years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Any

11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO. 494-05-7969A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Records Manchester Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
(b) Arteriosclerosis
(c) 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 4221

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?

22. I hereby certify that I attended the deceased from 2-17, 1951, to 2-19, 1951, that I last saw the deceased alive on 2-17, 1951, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE R. W. Jansen M.D. (Degree or title)

23b. ADDRESS Manchester Mo

23c. DATE SIGNED 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-28-1951

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Lucas + Hunt + Sullivan St. County Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Robert G. Tombe M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4104 Pauline Mortuary Services Inc. Manchester

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

4000

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ronald Q. Yaluke*.....

Licensed Embalmer No. *3917*.....

P. O. Address *St. Louis*.....

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.