

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10968

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 891

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS 4495	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 7717 BROOKLINE TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7717 BROOKLINE TERRACE.			

3. NAME OF DECEASED (Type or Print) a. (First) HELENA b. (Middle) MAY c. (Last) BROWN.			4. DATE OF DEATH (Month) (Day) (Year) APRIL 4 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 31, 1888		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) Hartford City, Indiana		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Michael Schmidt.		13b. MOTHER'S MAIDEN NAME Mathilda Hughes.		14. NAME OF HUSBAND OR WIFE -W.R. Brown. W.E. 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. None		17. INFORMANT'S SIGNATURE OR NAME W.E. BROWN W.E. Williams; Richmond Heights, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c) <i>This does not mean mode of dying, such as homicide, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterial Hypertension		caused = CEREBRAL ACCIDENT		15 yrs	
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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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?	
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22. I hereby certify that I attended the deceased from **1932**, 19, to **April 4, 1951**, that I last saw the deceased alive on **April 3, 1951**, and that death occurred at **5:55 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Luck Miller		23b. ADDRESS 815 Olive St. St. Louis Mo.		23c. DATE SIGNED April 4/1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 5		24b. DATE Apr. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Bloomington, Indiana	
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DATE REC'D BY LOCAL REG. 4/5/51		REGISTRAR'S SIGNATURE Robert A. Lupton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1951

SEP 4 7 33 PM '51

OCT 30 1951

John F. Riedel
ST 5422

7000 S. ...
1941

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

P. O. Address *St Louis, Mo.*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 10968-51

State of Missouri
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 19 day of April, 1951, before me appears
W.E. Brown, who, upon his oath, states that the original record of ~~book~~ death
for Helena May Brown, died April 4, 1951, 19 , in the State of
Missouri, and which was filed at Clayton, Mo on Apr. 5, 1951, should be corrected as follows:

Item No. 14 should read W.E. Brown.

Instead of W.R. Brown.

Item No. 17 should read W.E. Brown. Richmond Heights, Mo.

Instead of W.E. Williams; Richmond Heights, Mo.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W.E. Brown Husband
Relationship.

7717 Brookline Terrace
Present Address.

Subscribed and sworn to before me this 19 day of April, 1951.

My Commission expires 4-4-1952

J. J. Lupton Notary Public.