

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13843
Registrar's No. 3579

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>3579</u>											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri				c. LENGTH OF STAY (in this place) <u>87</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>St. Louis</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 226 E. Velma, Lemay.													
3. NAME OF DECEASED (Type or Print)			a. (First) EDWARD			b. (Middle) WEST			c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) APR. 15 1951					
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <u>0</u>		8. DATE OF BIRTH May, 6, 1883		9. AGE (In years last birthday) 67 years		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours		13. UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Box Maker				10b. KIND OF BUSINESS OR INDUSTRY Box Factory				11. BIRTHPLACE (State or foreign country) Edwardsville, Ill.				12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Ora L. Brown				13b. MOTHER'S MAIDEN NAME Ella Norris				14. NAME OF HUSBAND OR WIFE None									
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 Mrs. Stella Davis, 3441 Humphrey St.				ADDRESS					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Failure</u> DUE TO (c) <u>Atrial Flutter due to ASHD</u> 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								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>4200</u>									
22. I hereby certify that I attended the deceased from <u>4-14-51</u> , 19 <u>51</u> , to <u>4-15-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-15-51</u> , 19 <u>51</u> , and that death occurred at <u>1:20P</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>Dr. Spencer Payne MD</u> (Degree or title)						23b. ADDRESS 1515 Lafayette Avenue						23c. DATE SIGNED 4-16-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>0</u>				24b. DATE April, 18, 1951				24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. APR 17 1951				REGISTRAR'S SIGNATURE <u>J. B. Laster</u>				25. FUNERAL DIRECTOR'S SIGNATURE WITBROS. L. & U. CO. 2929 S. Jefferson av				ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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 by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *H. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.