

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25552

BIRTH NO. _____		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2639</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, 4006</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>ST. LOUIS,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 5.</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 5. 4346</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7360 WESTMORELAND AVE.,</u>				d. STREET ADDRESS (If rural, give location) <u>7360 WESTMORELAND AVE. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle) <u>KALBAUGH</u>		c. (Last) <u>BROWN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 11, 1951.</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>		8. DATE OF BIRTH <u>October 10, 1878</u>	9. AGE (In years last birthday) <u>72 about.</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME..</u>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <u>WESTERNPORT, MARYLAND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>	
13a. FATHER'S NAME <u>(unknown) KALBAUGH.</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA BROWN.</u>		14. NAME OF HUSBAND OR WIFE <u>NORMAN S. BROWN.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NORMAN S. BROWN, 7360 WESTMORELAND AVE.,</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of colon</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  <u>153X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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?			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1949,</u> to <u>July 10, 1951,</u> that I last saw the deceased alive on <u>July 11, 1951,</u> and that death occurred at <u>10:30 p. m.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Samuel B. Grent</u>				23b. ADDRESS <u>114 N. Taylor Ave</u>		23c. DATE SIGNED <u>7/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL..</u>		24b. DATE <u>7/13/51.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEMETERY,</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI.</u>		
DATE REC'D BY LOCAL REG. <u>7-12-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lom...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. LUPTON &amp; SONS, 7233 DELMAR BLVD.,</u>			

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

*Melvin F. 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.