

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31845

State File No. 7724

FILED SEP 21 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 4452	
c. LENGTH OF STAY (in this place) 2wks		d. STREET ADDRESS (If rural, give location) 7704 Shirley	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL b. (Middle) BROWN c. (Last) SHEHAN			4. DATE OF DEATH (Month) (Day) (Year) 8/30/51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1882	9. AGE (In years last birthday) 69yrs If under 1 year: Months Days If under 24 hrs: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Nashville, Tenn	
13a. FATHER'S NAME Wm. Alexander Brown			13b. MOTHER'S MAIDEN NAME Nancy Kennedy		14. NAME OF HUSBAND OR WIFE George P. Shehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. P. Shehan 7704 Shirley Dr.	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Calcific Stenosis		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES Coronary Artery Sclerosis 8-9 years		DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Bleeding Diverticulum several mon.		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 <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? #201	

22. I hereby certify that I attended the deceased from 8/16, 1951, to 8/30, 1951, that I last saw the deceased alive on 8/30, 1951, and that death occurred at 11:00Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>C. D. Vermillion, M.D.</i>		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 8/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. AUG 31 1951		REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Alexander + Sons 6176 Delmar		ADDRESS	
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Joseph McCulloch
Joseph McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175-211ma

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.