

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34883
9225 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS

d. STREET ADDRESS (If rural, give location) 4006th EVANSth

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) - c. (Last) BROWN 4. DATE OF DEATH (Month) (Day) (Year) 10 16 51

5. SEX M 6. COLOR OR RACE C 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Oct 1st 1925 9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months 16 IF UNDER 1 HR. Hours 16 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY PORTER 11. BIRTHPLACE (State or foreign country) ST. LOUIS 12. CITIZEN OF WHAT COUNTRY? MO

13a. FATHER'S NAME WILLIAM BROWN 13b. MOTHER'S MAIDEN NAME Alice 14. NAME OF HUSBAND OR WIFE COURTNEY BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIOLA HURD 1223 N. GARRISON

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebellar Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (a) _____
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 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? 3 3/1 X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:36 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 10/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 10-22-51 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO

DATE REC'D BY LOCAL REG. OCT 19 1951 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2707 St. Louis

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

17410

Emb separate Cert files

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.....

Licensed Embalmer No.....

P. O. Address.....

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.