

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43481**

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4100

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. CITY (If outside corporate limits, write RURAL and give township) Jennings	
c. LENGTH OF STAY (in this place) 40		d. STREET ADDRESS (If rural, give location) 8327. Mayfair Place.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis County Hospital			
3. NAME OF DECEASED (Type or Print) IDA		a. (First) IDA	b. (Middle) _____
c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 2-1871
9. AGE (in years) last birthday 80		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME John Baldwin		13b. MOTHER'S MAIDEN NAME Susan Tucker	
14. NAME OF HUSBAND OR WIFE James P. Brown		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. _____		17. INFORMANT'S SIGNATURE OR NAME James P. Brown	
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) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
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? _____			
22. I hereby certify that I attended the deceased from 12-20-51 , 1951, to 12-24- , 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mauri Feldsher M.D.		23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.	
23c. DATE SIGNED 12-25-51		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-28-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Leidner U.	
DATE REC'D BY LOCAL REG. 12-26-51		REGISTRAR'S SIGNATURE Robert R. Donke	
ADDRESS 2223 St. Louis Ave.		25. FUNERAL DIRECTOR'S SIGNATURE Leidner 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

John J. Haines

Licensed Embalmer No. *4608*

P. O. Address *Alhambra 100*

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.