

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2625
0979

FILED FEB 14 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 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 <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL, and give township) <u>St. Louis Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL, and give township) <u>St. Louis 2259</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. No. 9</u> | | | | d. STREET ADDRESS (If rural, give location) <u>25 5 No. 9th 6</u> | | | |
| 3. NAME OF DECEASED (First) <u>ROBERT</u> | | b. (Middle) _____ | | c. (Last) <u>BROWN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 52</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1886</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Auto</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Wm</u> | | 13b. MOTHER'S MARDEN NAME <u>Wm</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Wm</u> | | 16. SOCIAL SECURITY NO. <u>Wm</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Vail</u> ADDRESS <u>1300 Clark</u> | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | Chronic Myocarditis | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | Myocarditis | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: | | DUE TO (b) _____ | | De-compensated | | | |
| | | DUE TO (c) _____ | | Coronary Occlusion | | | |
| 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 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | |
| 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 _____, Mo., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. E. Vail</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>1/31/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>JAN 31 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 31 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland H. 604 Manchester</u> ADDRESS _____ | | | |

mfb (Licensed Embalmer's Statement on Reverse Side)

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.