

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11302**

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. LENGTH OF STAY (in this place) <u>10mo 24da</u>		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> <u>4740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pine Crest Homes</u>			d. STREET ADDRESS (If rural, give location) <u>Pine Crest Home</u>		
3. NAME OF DECEASED a. (First) <u>Rosa</u> (Type or Print)		b. (Middle) <u>Brown</u>		c. (Last) <u>Brown</u>	
4. DATE OF DEATH (Month) <u>2</u> (Day) <u>16</u> (Year) <u>52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12/13/1878</u>		9. AGE (in years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Hwy.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>Dukerdown</u>	
14. NAME OF HUSBAND OR WIFE <u>Claude F. Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Homes, Ballwin, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NYNY</u>	
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?	
22. I hereby certify that I attended the deceased from <u>May 10, 1951</u> , to <u>Feb 16, 1952</u> , that I last saw the deceased alive on <u>Feb 16, 1952</u> , and that death occurred <u>8:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. W. Jansen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1104 Mission Dr. E. Ballwin, Mo</u>		23c. DATE SIGNED <u>2-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		24b. DATE <u>2/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem. Chesterfield Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>2-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. McLaughlin</u>		ADDRESS <u>3301 Lefferts</u>			

SW (Licensed Embalmer's Statement on Reverse Side)

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

James H. Cooper
Antonia - deceased

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.

Signed.....

L. P. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *317 Lafayette*

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.