

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15141

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 846

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0169</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Airport Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1397th Goodfellow</u> | |
| c. LENGTH OF STAY (In this place) <u>UNK.</u> | | d. STREET ADDRESS (If rural, give location) <u>St. Louis, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u> | | | |

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|--|--|-----------------------------------|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> | | b. (Middle) | | c. (Last) <u>BROWN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1952</u> | |
| 5. SEX <u>M-O</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Unknown Apt 73 -</u> | |
| 9. AGE (In years) (If under 1 year, give months) (If under 12 months, give days) (If under 12 hours, give hours) (If under 12 minutes, give minutes) <u>Retired Merchant Commissioner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>RUSSIA 6</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jennie Brown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Ann Kim-1397th Goodfellow</u> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension and arterio-</u> | | | |
| | | DUE TO (c) <u>Isletotic heart disease</u> | | <u>Myocardial</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>44-3x</u> | | 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) | |

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|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 March 13, 1949, to March 28, 1952, that I last saw the deceased alive on March 28, 1952, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

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|--|--|-----------------------------|--|--|--|--|--|
| 23a. SIGNATURE <u>Alia Simon M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</u> | | 23c. DATE SIGNED <u>March 28, 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION <u>BURIAL</u> | | 24b. DATE <u>3/30/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery, St. Louis, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |

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|--|--|---|--|---|--|------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>3-29-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Norman Rudolph</u> | | ADDRESS <u>516 S. ...</u> | |
|--|--|---|--|---|--|------------------------------|--|

SW - (Licensed Embalmer's Statement on Reverse Side)

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

4000

FILED APR 25 1952

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

Peter B. Dubouillet

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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.