

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17802

FILED JUN 6 1952

State File No.

318

1003

Registrar's No. 4702

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
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) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2230	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS				d. STREET ADDRESS (If rural, give location) 23 1553 S. 3rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Janie		b. (Middle) _____		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 5 17 52	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 5 1881		9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Days 3	11. UNDER 2 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 (City and State or Foreign Country) Preston, Alabama		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Adam Clanton		13b. MOTHER'S MAIDEN NAME Francis		14. NAME OF HUSBAND OR WIFE Percy Brown 1553 S. 3rd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-12-4211		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Percy Brown 1553 So. 3rd.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Arterio Sclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200			
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? 3:16			
22. I hereby certify that I attended the deceased from Jan. 1949 to May 17 1952 that I last saw the deceased alive on May 17, 1952 and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Russell W. White, M.D.				23b. ADDRESS 2424 a. N. Sarah		23c. DATE SIGNED 5-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 5-23-52	24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		
DATE REC'D BY LOCAL REG. MAY 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Konce 1221 N. Grand			

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 Clarence Adams

Licensed Embalmer No. 475 F

P. O. Address 1821 N. Grand

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.