

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25617

State File No. ....

FILED JUL 22 1952

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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)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hosp #1</i>				d. STREET ADDRESS (If rural, give location) <i>18 1210 So. Boyle</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>SARAH</i>		b. (Middle) <i>E.</i>		c. (Last) <i>BROWN</i>	
4. DATE OF DEATH		(Month) (Day) (Year)		<i>7-9-52</i>			
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>11-2-1868</i>	
9. AGE (In years last birthday) <i>83</i>		10. UNDER 1 YEAR Month Days		11. OVER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>			
11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>William Harding</i>		13b. MOTHER'S MAIDEN NAME <i>FRANCES Montgomery</i>		14. NAME OF HUSBAND OR WIFE <i>JOHN Thomas BROWN</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>John T. Brown - 1210 So. Boyle.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intertelechauteric fracture of the right hip; arthrosclerosis</i>		ANTECEDENT CAUSES <i>slipped while dressed fell on the floor in the kitchen of 1210 So. Boyle</i>					II. OTHER SIGNIFICANT CONDITIONS <i>None</i>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					Interval between onset and death <i>about 855 am</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident 000</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>			
21d. TIME OF INJURY <i>June 29 52 8:30</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>F9030</i>			
22. I hereby certify that I attended the deceased from <i>3</i> , 19 <i>52</i> , to <i>1001</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1001</i> , 19 <i>52</i> , and that death occurred at <i>1100</i> p.m., from the causes and on the date stated above. <i>20</i>							
23. SIGNATURE (By name or title) <i>Patrick E. Taylor Coroner</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7.10.52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-12-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Co, Mo</i>	
DATE REC'D BY LOCAL REG. <i>JUL 10 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>MA ROWLANDO</i>		ADDRESS <i>4104 Manchester</i>	

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

*Ronald O. Yarbake*

Licensed Embalmer No. *13917*

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.