

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29280

SEP 3 - 1952

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State File No. _____

Registrar's No. 7707

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 <u>Ill</u> b. COUNTY <u>8120</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <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. Ann's Home</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Chester, Ill</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Samuel</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>7-10-1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Round House Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.M. & O. RR</u>		11. BIRTHPLACE (State or foreign country) <u>Friendship Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Eli Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Eskew</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>718-10-4118</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary L. Brown - 801 South 7th - Springfield</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1950</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Squamous cell - Primary of mouth</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to neck: face</u> DUE TO (c) <u>generalized</u></u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) _____			
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>143X</u>			
22. I hereby certify that I attended the deceased from <u>June 25, 1952</u> to <u>July 13, 1952</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at <u>4:33 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward J. Jordan M.D.</u> (Degree or title)				23b. ADDRESS <u>Missouri Pacific Hosp.</u>		23c. DATE SIGNED <u>13 Aug 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrew's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Murphysboro Ill.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 13 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Koch</u>		ADDRESS <u>3516 N. 14th St.</u>	

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 *Robert E. Hoffman*

Licensed Embalmer No. 4266

P. O. Address *Chicago, Ill.*

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.