

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32784

State File No. \_\_\_\_\_

S. No. 300  
V. 10.48

FILED OCT 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **9026**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>ST. LOUIS</b>	<b>2119</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>11 3800 Kennerly</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>—</b>	c. (Last) <b>Brown</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24 1952</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>APRIL 1, 1877</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Penola city, MISS.</b>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>JAMES BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>MAGGIE WALTUP</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____	
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.		17. INFORMANT'S SIGNATURE OR NAME <b>Franklin M. Clinton</b> ADDRESS <b>3800 Kennerly</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Postero-lateral Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		DUE TO (c) <b>Congestive Heart Failure</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4341</b>	
22. I hereby certify that I attended the deceased from <b>8-8</b> , <b>1952</b> , to <b>9-24</b> , <b>1952</b> , that I last saw the deceased alive on <b>9-24</b> , <b>1952</b> , and that death occurred at <b>8:55a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles T. Sardi M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>9-24-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK Dale CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, CTY MD</b>
DATE REC'D BY LOCAL REG. <b>SEP 29 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.F. WALTON 2707 STODDARD ST</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.