S. No. 300
Rev. 10.48

4005
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NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41004

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2937

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1202 Woodland Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights 4 49 c
d. STREET ADDRESS (If rural, give location): 1202 Woodland Drive

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) Cyrus Fredrick c. (Last) Brown

4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/14/1869
9. AGE (In years last birthday): 83 — If under 1 year: Months 2, Days 0; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr. of Medicine
10b. KIND OF BUSINESS OR INDUSTRY: ~~Retired~~ Medicine
11. BIRTHPLACE (State or foreign country): Buffalo New York
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Edward Brown
13b. MOTHER'S MAIDEN NAME: Eliza Jane Ingersol
14. NAME OF HUSBAND OR WIFE: Leila Maude Kircher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American Worlds War #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Arthur C. F. Brown — ADDRESS: 1202 Woodland Dr.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Neurofibroma of Mediastinum — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332A
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, *19*52, *to* 11-14-, *19*52, *that I last saw the deceased alive on* 11-13-, *19*52, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James W. Fletes M.D. (Degree or title)
23b. ADDRESS: 900 Clayton ave
23c. DATE SIGNED: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/52
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Missouri

DATE REC'D BY LOCAL REG.: 11-15-52
REGISTRAR'S SIGNATURE: Herbert R. Domke P.T.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ambruster Mortuary 6633 Clayton Road

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillard

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

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.