

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8131

State File No.

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1307 Scudder</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GREGORY</u> b. (Middle) _____ c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 9 1953</u>
--	--	--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>17 Sept 1951</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
--------------------	-----------------------------	--	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>Willie R. Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Bettie J. Brown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bettie J. Brown, Kinloch</u>	ADDRESS
--	-------------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH <u>16 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mongolism</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3254</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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 12-23-1952 to 1-23-1953, that I last saw the deceased alive on 1-23-1953, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Van ... M.D.</u> (Degree or title)	23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo</u>	23c. DATE SIGNED
--	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-9-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Deane - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Bero</u> ADDRESS <u>Kinloch</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

Edward A. Lyman

Licensed Embalmer No. _____

P. O. Address _____

St Louis Mo

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.