

No. 300
10-48

Reg. 106,832

State File No.

FILED FEB 20 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0496

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>JEFF. BRKS. MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0043</u>	
c. LENGTH OF STAY (in this place) <u>76 Days</u>		d. STREET ADDRESS (If rural, give location) <u>416 S. RAWLINGS ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/10/53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10/15/11</u>
9. AGE (In years last birthday) <u>41 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>FAYETTE, MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>NELSON BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE WALKER</u>	
14. NAME OF HUSBAND OR WIFE <u>PEARL E. BROWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WORLD II</u>	
16. SOCIAL SECURITY NO. <u>495-07-2920</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>THROMBOSIS OF UNIDENTIFIED CEREBRAL BLOODVESSEL</u>			Interval between onset and death: _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULO-RENAL DISEASE</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE</u> <u>DIABETES MELLITUS</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 <u>NONE</u>	
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) <u>V.A. m.</u>		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 <u>11/26</u> , 19 <u>52</u> , to <u>2/10</u> , 19 <u>53</u> , that I last saw the deceased <u>10:25 pm.</u> , and that death occurred at <u>10:25 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>O. M. D.</u>		23b. ADDRESS <u>V. A. HOSPITAL, JEFF. BRKS. MO.</u>	
23c. DATE SIGNED <u>2/10/53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>2-11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>Medical Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>2-11-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

FEB 27 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by _____

Student Embalmer No. ^X _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.