

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19227
Registral's No. 5011

FILED JUN 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | | | |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 49 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 3930 Fairfax Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) George Brown | | | 4. DATE OF DEATH (Month) (Day) (Year) May 14, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH March 12, 1889 | 9. AGE (In years last birthday) 64 | 10. IF UNDER 1 YEAR 2 Months 2 Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | | 10b. KIND OF BUSINESS OR INDUSTRY Private Family | | 11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Robert Brown | | 13b. MOTHER'S MAIDEN NAME Alice Fowler | |
| 14. NAME OF HUSBAND OR WIFE Beulah Brown | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Harold Taylor | | 18. ADDRESS 1101a N. Vandeventer | | 19. MEDICAL CERTIFICATION | |
| 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. | | 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage; Fracture of Cervical Vertebra; Fracture of Right Leg; suffered when deceased was struck by car operated by Curtis Jones, on Vandeventer | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. between Fairfax and Finney Ave about 9:50 pm Mar 28 1953 | | 22. DATE OF OPERATION 1953 | |
| 23. MAJOR FINDINGS OF OPERATION Accident | | 24. DATE OF OPERATION 1953 | | 25. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 26. ACCIDENT Specify Accident | | 27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street | | 28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo. | |
| 29. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 28 53 9:50 | | 30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 31. HOW DID INJURY OCCUR? E8124 | |
| 32. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 a.m., from the causes and on the date stated above. 25 | | | | | |
| 33. SIGNATURE Patrick E. Taylor Coroner | | 34. ADDRESS 31300 Clark Avenue | | 35. DATE SIGNED 5-18-53 | |
| 36. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 37. DATE 5/20/53 | | 38. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | |
| 39. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | 40. DATE REC'D BY LOCAL REG. MAY 18 1953 | | 41. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |
| 42. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | | 43. ADDRESS 4107 Finney Ave. | | | |

B.P. (Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 4259

P. O. Address 4107 F. nney Avenue

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.