

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32962

State File No. _____
Registrar's No. **9205**

BIRTH NO. _____ 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 MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 2209 2511 MULLANPHY	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) J c. (Last) BROWNING	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 22, 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 10, 1989	9. AGE (In years last birthday) 63	If UNDER 1 YEAR Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRESS OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) WINFIELD MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM L. BROWNING	13b. MOTHER'S MAIDEN NAME LASENA DICKSON	14. NAME OF HUSBAND OR WIFE MARY BROWNING
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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 MARY BROWNING	ADDRESS 2511 MULLANPHY
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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, ashenia, 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) Carcinomatous - Primary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Site Undetermined DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1999
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22. I hereby certify that I attended the deceased from **8-13-53**, 19____, to **9-22-53**, 19____, that I last saw the deceased alive on **9-22-53**, 19____, and that death occurred at **7:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward P. Flynn M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 9-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 25 1953	24c. NAME OF CEMETERY OR CREMATORY BARK LAWN CEM.	24d. LOCATION (City, town, or county) (State) LEMMAY 23 MO
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DATE REC'D BY LOCAL REG. SEP 24 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE M.C. HOFFMEISTER	ADDRESS 466 7114 S. BROADWAY
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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.....
Signature of Student Embalmer

Signed *Leslie C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7414 S. Brown

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.