

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37884**

FILED NOV 6 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2663</u>	
1. PLACE OF DEATH a. COUNTY <u>County St Louis</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 township) OR TOWN <u>RURAL-Koch Hospital</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. LOUIS</u>		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert KOCH Hospital</u>				d. STREET ADDRESS <u>1423 BIDDLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN ESTELLE</u> b. (Middle) _____ c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-53</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-25-1909</u>		9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiannapolis, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wallace Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Rodgers</u>		14. NAME OF HUSBAND OR WIFE <u>SAM BROWN</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>XXXX ?/??/??</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records at ROBERT KOCH HOSPITAL</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary HEMMORHAGE</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>PULMONARY TUBERCULOSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 yrs?</u> <u>002X</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 <u>10-9</u> , <u>1953</u> , to <u>10-11</u> , <u>1953</u> , that I last saw the deceased alive on <u>10-11</u> , <u>1953</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold E. Russell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>10-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY MO</u>	
DATE REC'D BY LOCAL REG. <u>10/15/53</u>		REGISTRAR'S SIGNATURE <u>Walter E. G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. WALTON</u> ADDRESS <u>2707 STODDARD</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4524 Alder*

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.