

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

**7166**

State File No. ....

**FILED MAR 2 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 422

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts Mo</u>		c. CITY OR TOWN <u>Richmond Hts Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 Week</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>7667 Lindbergh Dr</u>	
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>	
a. (First) <u>THOMAS</u> b. (Middle) <u>H</u> c. (Last) <u>BROWN</u>		Month <u>Feb</u> Day <u>14</u> Year <u>1954</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Oct 25-1869</u>
<b>9. AGE</b> (In years last birthday) <u>84</u>		<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>19</u>	<b>IF UNDER 24 HRS.</b> Hours _____ Mins _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most working life (if retired)) <u>Retired Wheeling Richmond Hts Mo</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>New Town Ohio</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Helen A Brown</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <u>Yes Spent time in War</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Helen A Brown</u>		<b>ADDRESS</b> <u>7667 Lindbergh Dr</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2/7/54</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Generalized arterio-sclerosis</u>  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____		<b>(COUNTY)</b> _____	
<b>(STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Feb. 7, 1954</u> , to <u>Feb. 14, 1954</u> , that I last saw the deceased alive on <u>Feb. 13, 1954</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>J. E. Williamson</u>		<b>23b. ADDRESS</b> <u>M.O. 6336 Clayton Road.</u>	
<b>23c. DATE SIGNED</b> <u>Feb 15 1954</u>			
<b>24a. BURIAL &amp; CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>Feb 16-1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cem</u>		<b>24d. LOCATION</b> (City, town, or county) <u>St Louis City Mo</u>	
<b>24e. (State)</b> _____			
<b>DATE REC'D BY LOCAL REG.</b> <u>2-15-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Domb</u>	
<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>W. J. ...</u>		<b>ADDRESS</b> <u>36 Clayton Rd</u>	

S. 24 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *John J. Haines*.....  
Licensed Embalmer No. *4158*.....

P. O. Address *St. Louis*.....

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.