

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13233

State File No. ....

FILED MAY 5 1954

3445

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i> b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i> c. CITY (If outside corporate limits, write RURAL and give township) <i>Wellston #311</i> d. STREET ADDRESS (If rural, give location) <i>63215 Wagner, Wellston</i>			
3. NAME OF DECEASED (Type or Print) <i>Birt</i> a. (First) _____ b. (Middle) _____ c. (Last) <i>BROWN</i>			4. DATE OF DEATH <i>4 15 54</i> (Month) (Day) (Year)		5. SEX <i>Male</i>		
6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>7-21-72</i>		9. AGE (In years less birthday) <i>81</i> If under 1 year: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis County - Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Carrie Bailey</i>		14. NAME OF HUSBAND OR WIFE <i>Parthenia Brown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Parthenia Brown</i> ADDRESS <i>63215 Wagner</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerosis Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>4200</i>			
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 <i>3/31, 1954</i> to <i>4/15, 1954</i> that I last saw the deceased alive on <i>4/15, 1954</i> , and that death occurred at <i>5 Am.</i> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <i>Charles Brumby M.D.</i>				23b. ADDRESS <i>St. Luke's Hospital</i>		23c. DATE SIGNED <i>4-16-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24b. DATE <i>4-18-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Drewnood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>	
DATE REC'D BY LOCAL REG. <i>APR 17 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. Sneed</i> ADDRESS <i>Funeral Chapel 3615</i>			

(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

*Leroy W. Summister*

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.