

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

20257

5197

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2114</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>11 3868 PAGE BLVD</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3868 PAGE BLVD</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>			b. (Middle)		c. (Last) <b>BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 10 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 14, 1886</b>		9. AGE (In years last birthday) <b>67 yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>CHIPPIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL CAST. CO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOMER LOUISIANA</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>JEFF. BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>KATIE</b>		14. NAME OF HUSBAND OR WIFE <b>LOCLIA BROWN</b>				
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 ADDRESS <b>Lesla Brown 3868 PAGE BLVD</b>				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)				
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		<b>4222</b>		
22. I hereby certify that I attended the deceased from <b>Sept. 7, 1953</b> , to <b>June 10, 1954</b> , that I last saw the deceased alive on <b>June 9, 1954</b> and that death occurred at <b>6:04 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. H. G. Clarke</b> (Degree or title)				23b. ADDRESS <b>2748A Franklin Ave</b>		23c. DATE SIGNED <b>6-10-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK cem</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY. MO</b>			
DATE REC'D BY LOCAL REG. <b>JUN 10 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. F. WALTON 2707 STODDARD ST</b>				

(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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.