

No. 300
10.48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28794

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7254

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | 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 Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 5 5183 Maple 2059 | |

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|---|-------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Andrew | b. (Middle) | c. (Last) Brown | 4. DATE OF DEATH (Month) (Day) (Year) August 5, 1954 |
|---|-------------|--------------------|---|

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|-------------|--------------------------|---|---------------------------------|---------------------------------------|---------------------------|------------------------|--------------------------|------|
| 5. SEX M | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 5-1880 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Days | IF UNDER 1 MIN. Hours | Min. |
|-------------|--------------------------|---|---------------------------------|---------------------------------------|---------------------------|------------------------|--------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pension | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Hopkinsville, Ky. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James Brown | 13b. MOTHER'S MAIDEN NAME Millie | 14. NAME OF HUSBAND OR WIFE Myrtle Brown |
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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. 489-18-8946 | 17. INFORMANT'S SIGNATURE OR NAME Myrtle Brown | ADDRESS 5183 Maple, St. Louis, Mo. |
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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 Undt |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, Pelvis Abscess, Chronic Pericarditis (Adhesion), Renal Cyst</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 692.1 |
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22. I hereby certify that I attended the deceased from July 16, 1954, to August 5, 1954, that I last saw the deceased alive on August 5, 1954, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Earl Beller Smith, M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 8/7/54 |
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|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Aug. 11-54 | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. AUG 9 1954 | REGISTRAR'S SIGNATURE Earl Beller Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE L. B. Keener | ADDRESS 1221 N. Grand |
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(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.....
Signature of Student Embalmer

Signed.....
Guyton Swan

Licensed Embalmer No. *4580*

P. O. Address *1221 N. Grant*

**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.**