

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42226**
Registrar's No. **10488**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 219	
b. CITY (If outside corporate limits, write RURAL and give township) 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) 11 1009-1011 West 4060^a N. Belle	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) 11 16 54
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5. SEX M.	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Mountair, Alabama	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Tom Brown	13b. MOTHER'S MAIDEN NAME Lidia McDonald	14. NAME OF HUSBAND OR WIFE Pearl Brown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Pearl Brown ADDRESS 4060^a West Belle
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undt.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hepatoma and Arteriosclerosis	ANTECEDENT CAUSES		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	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	Malnutrition		
	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 checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561
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22. I hereby certify that I attended the deceased from **9-28**, 19**54**, to **11-16**, 19**54**, that I last saw the deceased alive on **11-16**, 19**54**, and that death occurred at **9:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank O. Richards M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 11-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE Nov. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY LOCAL REG. NOV 18 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. B. Roove ADDRESS 1221 N. Grand
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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..... *Gayton Swann*

Licensed Embalmer No. *458*

P. O. Address *127 N. 1st St.*

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.