

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42227

10832

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>2179</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>		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: <i>City Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>17 3942 Lafayette</i>					
3. NAME OF DECEASED (Type or Print) <i>James Brown</i>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <i>11/26/54</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>11/6/1897</i>	
9. AGE (In years last birthday) <i>57</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>James Brown</i>			13b. MOTHER'S MAIDEN NAME <i>Jessie Stackhouse Echel</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>494-26-8124</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Harry Hinson</i>			ADDRESS <i>3942 Lafayette</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Coronary Thrombosis</i>				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND 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? <i>4201</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1030A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>James M. Kelly, Deputy Coroner</i>				23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>11-27-54</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>11/29/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Duchalla</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>			
DATE REC'D BY LOCAL REG. <i>NOV 27 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. J. A. Howard</i>				
					ADDRESS <i>1619 So. Grand</i>				

(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 *Robert M. Murray*.....

3749
Licensed Embalmer No.....

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.