

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6660

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 431

1. PLACE OF DEATH
a. COUNTY Saint Louis 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton c. LENGTH OF STAY (In this place) DOA

c. CITY OR TOWN Wellston 301 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hosp

STREET ADDRESS (If rural, give location) 6133 Minerva Avenue

3. NAME OF DECEASED
a. (First) Emma b. (Middle) _____ c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1955

5. SEX Female 3

6. COLOR OR RACE Col

7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 22 Mar 1880 ?

9. AGE (In years last birthday) 74 ?

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown Williams

13b. MOTHER'S MAIDEN NAME Keziah Unknown

14. NAME OF HUSBAND OR WIFE William A. Brown

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. A. Brown, Wellston, Mo.

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) Pulmonary Arterial Embolus
ANTECEDENT CAUSES
DUE TO (b) Exhaustion from cold
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS malnutriti, in dehydration
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1-2 hours
24+hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 465X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-1955, to 2-13-1955, that I last saw the deceased alive on 2-13-1955 and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Burlingame M.D.

23b. ADDRESS 601 S. Brentwood Clayton

23c. DATE SIGNED 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 19 Feb 55

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) Hillsdale, Mo

DATE REC'D BY LOCAL REG. 2-18-55

REGISTRAR'S SIGNATURE Herbert R. Drake M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo.

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 *Edward A. Flynn*.....

Licensed Embalmer No. 446

P. O. Address *St. Louis 12*

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.