

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. **9406**  
Registrar's No. **2807**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>	
c. LENGTH OF STAY (in this place) <b>4 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>R.R.#7 Box 39</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LULA</b> b. (Middle) <b>N.</b> c. (Last) <b>BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 27, 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR. 9, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WINFIELD, KANSAS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>CHARLES ROBERTSON</b>	13b. MOTHER'S MAIDEN NAME <b>MINNIE MCCORMACK</b>	14. NAME OF HUSBAND OR WIFE <b>THAS. JAMES BROWN</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde E. Williams</b>	ADDRESS <b>1418 Anderson Dr</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Monocytic Leukemia</b>		
	ANTECEDENT CAUSES 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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2042</b>
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22. I hereby certify that I attended the deceased from **9/22, 1949**, to **3/27, 1955**, that I last saw the deceased alive on **3/26, 1955** and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>689 E Big Bend Grove, Webster</b>	23c. DATE SIGNED <b>3/28/55</b>
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24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	24b. DATE <b>3-30-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MO.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 29 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>MITTELBERG FUNERAL HOME 72 W. LOCKWOOD AVE WEBSTER GROVES, MA</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

