

REG. 8507 SL 5828

State File No.

FILED JUN 20 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4654

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION		
b. CITY OR TOWN 915 North Grand, St. Louis, Missouri		c. LENGTH OF STAY (in this place) 10 DAYS	c. CITY OR TOWN PALMYRA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			STREET ADDRESS (If rural, give location) Rte. #3		
3. NAME OF DECEASED (Type or Print)	a. (First) HARVEY	b. (Middle) J.	c. (Last) BROWNELL	4. DATE OF DEATH (Month) (Day) (Year) 5-26-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-31-05	9. AGE (in years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in course of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) PHILADELPHIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME IRVING BROWNELL		13b. MOTHER'S MAIDEN NAME ELIZA BETH GALLOWAY		14. NAME OF HUSBAND OR WIFE ELIZA BETH BROWNELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BACTERIAL ENDOCARDITIS, SUBACUTE WITH MULTIPLE EMBOLI ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC DUODENAL ULCER, INACTIVE		
			INTERVAL BETWEEN ONSET AND DEATH 1 month		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 4300			
22. I hereby certify that I attended the deceased from 5-16, 1955, to 5-26, 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE J. Kaminski M.D.			23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 5-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE c5-27-55	24c. NAME OF CEMETERY OR CREMATORY Unk.	24d. LOCATION (City, town, or county) (State) Palmyra, Mo.		
DATE REC'D BY LOCAL REG. MAY 27 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

AUG 4 1955

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 *David Van Gossan*.....

Licensed Embalmer No. *428*
P. O. Address *6322 1/2 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.