

FILED SEP 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28483

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2014

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Ann)		c. LENGTH OF STAY (in this place) 4 Yrs.	c. CITY OR TOWN St. Ann
d. FULL NAME OF HOSPITAL OR INSTITUTION 11044 St. Kevin Lane		STREET ADDRESS (If rural, give location) 11044 St. Kevin Lane	

3. NAME OF DECEASED (Type or Print)	a. (First) Irene	b. (Middle) M.	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17 1912	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Adena Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Patsy	13b. MOTHER'S MAIDEN NAME Agnes Kokodi	14. NAME OF HUSBAND OR WIFE John P. Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-148-551	17. INFORMANT'S SIGNATURE OR NAME John P. Brown	ADDRESS 11044 St. Kevin Lane
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of liver and colon		INTERVAL BETWEEN ONSET AND DEATH 3/98/50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1918			

19a. DATE OF OPERATION 3/9/50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovaries, tubes, uterus, appendix & peritoneum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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?
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22. I hereby certify that I attended the deceased from **3/8/1950** to **August 27, 1955**, that I last saw the deceased alive on **Aug. 27, 1955**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or Title) John P. Brown	22b. ADDRESS 16 Hampton Village Plaza	22c. DATE SIGNED 8/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 30 1955	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 8/29/55	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary	ADDRESS 10123 St. Charles Rd
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(Licensed Embalmer) (Statement on Reverse Side)

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

Dr. Edwin Vitz.
Hampton Village

Ph. VERNON 2-2191
or
PA 1-6040
✓

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: *Sheldon Collier*

Licensed Embalmer No. *330*

P. O. Address *10123 St. C*

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.