

STANDARD CERTIFICATE OF DEATH

State File No. 34449

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY Saint Charles		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 town or township) Saint Charles		c. LENGTH OF STAY (in this place) 4 hrs.	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1441 North Warson Road		4011	

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) E.	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Sept. 18, 1924	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 0 Days 29	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) plumber	10b. KIND OF BUSINESS OR INDUSTRY plumbing	11. BIRTHPLACE (City and State or Foreign Country) Ullin, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Lewis Brown	13b. MOTHER'S MAIDEN NAME Marie Egner	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W. # 2	16. SOCIAL SECURITY NO. 560-36-0672	17. INFORMANT'S SIGNATURE OR NAME Lewis Brown,	ADDRESS Ullin, Illinois.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) electrocution		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By coming in contact with high voltage wire -7200 volts. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9143	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Industrial Place	21c. (CITY, TOWN, OR TOWNSHIP) St. Charles (COUNTY) St. Charles (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 17, 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Electrocution
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22. I hereby certify that I attended the deceased from Oct. 22, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:34 P.M., from the causes and on the date stated above.

23a. SIGNATURE Marie Mueselmann (Degree or title)	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED Oct. 22, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Butter Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Pulaski County, Ullin, Ill.
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DATE REC'D BY LOCAL REG. 08/22/1955	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dalmeyer & Sons Co.	ADDRESS St. Charles
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(Licensed Embalmer's Statement on Reverse Side)

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

1 P m East

10/

NOV 30 1956

MAR 21 1956

STATE OF MICHIGAN

NOV

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 *Frank R. [Signature]*

Licensed Embalmer No.

P. O. Address *St. Clair*

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.