

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34617

FILED NOV 15 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9402**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). <b>MISSOURI</b> b. COUNTY					
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4304 GARFIELD</b>		d. STREET ADDRESS (If rural, give location) <b>11 4304 GARFIELD ST.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Abice</b> b. (Middle) <b>-</b> c. (Last) <b>BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-55</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>12-30-1874</b>	9. AGE (In years last birthday) <b>80</b>	10. UNDER 1 YEAR Months Days Hours <b>9 22</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Brennon Texas</b>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Perry Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Monnie Turner</b>			
14. NAME OF HUSBAND OR WIFE <b>-</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Iris Brown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>4304 Garfield</b>		ADDRESS			
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) <b>Ca of the Pancreas -</b> ANTECEDENT CAUSES <b>Cholelithiasis</b> DUE TO (b) <b>Cholelithiasis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>4</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>157X</b>		20. AUTOPSY? YES <input 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) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>10-22</b> 19 <b>55</b> , to <b>10-22</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-20</b> , 19 <b>55</b> , and that death occurred at <b>11:15 p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Beard Smart MD</b>		23b. ADDRESS <b>4069 Easton Ave</b>		23c. DATE SIGNED <b>10/27/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK CEM</b>			
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. WALTON</b>		ADDRESS <b>2707 STODDARD ST</b>			
DATE REC'D BY LOCAL REG. <b>OCT 28 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. WALTON</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alhine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.