

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2619

FILED JAN 17 1956

State File No. _____

318

1003

#10

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		c. CITY OR TOWN <u>Vernon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. Box # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Martin</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/2/56</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/22/1884</u>	
9. AGE (In years last birthday) <u>71 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Serv. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Betty Elizabeth Carter Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-01-0447</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty E. Brown, Box 4, Vernon, Ill.</u>			
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) <u>Heart Coronary disease insufficient myocardial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of the gallbladder with metastasis peritoneal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>P.O. Peritoneal paralytic</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>12/30/55</u>		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) <u>155 x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>12-22-1955</u> , to <u>Jan 2, 1956</u> , that I last saw the deceased alive on <u>Jan 2, 1956</u> and that death occurred at <u>10:45 am.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Grayson Carroll</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>539 North Grand, St. Louis 3, Missouri</u>		23c. DATE SIGNED <u>1/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/3/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 3 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Schnur 3125 Lafayette Ave.</u>			

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.....
Signature of Student Embalmer

Signed *Joseph B. Williams*

Licensed Embalmer No. *4914*
P. O. Address *3125 Lafayette*

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.