

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6216**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1804**

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Missouri | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) 2 1/2 Yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 12 5351 Delmar |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital | | | 3. NAME OF DECEASED a. (First) Etta b. (Middle) D. c. (Last) Brown | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 2 17 1956 | | 5. SEX F | 6. COLOR OR RACE M | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH 5-7-1879 |
| 9. AGE (In years by birthday) 76 | IF UNDER 1 YEAR Months 9 | IF UNDER 1 YEAR Days 10 | IF UNDER 1 YEAR Hours _____ | IF UNDER 1 YEAR Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife, lived in Masonic Home. |
| 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME W. R. Dalton | | 13b. MOTHER'S MAIDEN NAME Margaret Mayfield | | 14. NAME OF HUSBAND OR WIFE Charles Walter Brown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri, 5351 Delmar, St. Louis, Missouri | | | |
| 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) ACUTE MYOCARDIAL INFARCTION | INTERVAL BETWEEN ONSET AND DEATH ONE DAY | | | | |
| ANTECEDENT CAUSES | DUE TO (b) CORONARY ARTERIOSCLEROSIS 10 YEARS | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED 10 YEARS | | | | |
| II. OTHER SIGNIFICANT CONDITIONS: | DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE 10 YEARS | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 420.1 | | 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 (Month) (Day) (Year) (Hour) (OR) INJURY _____ | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from 8-1- , 19 55 , to 2-17- , 19 56 , that I last saw the deceased alive on 2-17- , 19 56 , and that death occurred at 7:15P m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Robert G. Hall | | (Degree or title) M.D. | 23b. ADDRESS 5351 DELMAR 3903 LAFAYETTE ST. LOUIS, MO. | | 23c. DATE SIGNED FEB. 18, 1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-18-56 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo. | | |
| DATE REC'D BY LOCAL REG. FEB 20 1956 | REGISTRAR'S SIGNATURE Charles Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE La Forge, Caruthersville, Mo. | | |

(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 *Gill C. Dranson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

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.