

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7583

FILED MAR 12 1956

State File No.

483

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No.

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 township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 3 Weeks		c. CITY OR TOWN Webster Groves 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 18 Girard Drive			

3. NAME OF DECEASED (Type or Print) EDWIN BROWN			4. DATE OF DEATH 2-19-1956		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-21-1890		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compositor			10b. KIND OF BUSINESS OR INDUSTRY Self Emp.			11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Martin Brown			13b. MOTHER'S MAIDEN NAME Mary Gosebrink			14. NAME OF HUSBAND OR WIFE Mildred P. Brown		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 488-09-5417		17. INFORMANT'S SIGNATURE OR NAME <i>Mildred P. Brown</i>		ADDRESS 18 Girard Drive	
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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) <i>Guillain Barre Syndrome</i>			DUPLICATE			<i>2/3/56</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE			<i>2/3/56</i>		
DUPLICATE			DUPLICATE			DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE			DUPLICATE		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2/3/56, 1956, to 2/19/56, 1956, that I last saw the deceased alive on 2/18/56, 1956, and that death occurred at 2:55 A m., from the causes and on the date stated above.

23a. SIGNATURE RE. <i>Math L. Moore, M.D.</i> (Degree or title)		23b. ADDRESS <i>6376 Clayton Road</i>		23c. DATE SIGNED <i>2/20/56</i>	
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24a. BURIAL, CREMATION (Specify)		24b. DATE 2-15-1956		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) 7301 McKensie Road Affton Mo	
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DATE REC'D BY LOCAL REG. 2-20-56		REGISTRAR'S SIGNATURE <i>Herbert B. Bombard</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Dr. J. J. B. Buss</i>		ADDRESS 6409 Gravois Ave	
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ST 1-8006 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2-16-56

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..... *Jan M. Simon*

Licensed Embalmer No. *434*

P. O. Address *St. Louis*

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.