

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10486

318

1003

2942

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2942					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo.				b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL, and give town or township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Wellston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Small-Arms-Plant				e. STREET ADDRESS (If rural, give location) 6318 Lenox.							
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) J.		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) March 20 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 17 1894		9. AGE (In years) (Last birthday) 61			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipfitter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John Brown			13b. MOTHER'S MAIDEN NAME Louise Brown			14. NAME OF HUSBAND OR WIFE Augusta Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1		16. SOCIAL SECURITY NO. 497-05-9500		17. INFORMANT'S SIGNATURE OR NAME Augusta Brown					ADDRESS 6318 Lenox		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis DUE TO (c) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 3 months 12 years			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420+						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (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) _____		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 September, 1954 , to March 20, 1956 , that I last saw the deceased alive on March 17, 1956 , and that death occurred at 1:15 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE John T. Leiston				(Degree or title) M.D.		23b. ADDRESS 539 N. Grand Blvd		23c. DATE SIGNED March 22, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/56		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. MAR 22 1956		REGISTRAR'S SIGNATURE John T. Leiston M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's					ADDRESS 2849 No. Euclid Ave.	

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 30

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.