

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17629**  
Registrar's No. **4256**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1008**1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 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 MO** c. LENGTH OF STAY (in this place) \_\_\_\_\_ c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION **4293 - S. KINGSHIGHWAY** e. STREET ADDRESS (If rural, give location) **4362 OLEATHA**3. NAME OF DECEASED (Type or Print) a. (First) **LAURA** b. (Middle) **BROWN** c. (Last) \_\_\_\_\_ 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 28 1956**5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW** 8. DATE OF BIRTH **MAR 31 1888** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) **NURSES AID** 10b. KIND OF BUSINESS OR INDUSTRY **MO. BAPTIST Hosp.** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **DAVID ZIMMER** 13b. MOTHER'S MAIDEN NAME **EMMA GROSS** 14. NAME OF HUSBAND OR WIFE **WILLIAM BROWN (DECD)**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **ROY BROWN** ADDRESS **4362 OLEATHA**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) **Coronary occlusion (Coronary Occlusion)** INTERVAL BETWEEN ONSET AND DEATH **Months** ANTECEDENT CAUSES **Gen. Arteriosclerosis** **Generalized arteriosclerosis** DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_ 18 years19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **420.1** 20. AUTOPSY? YES  NO 

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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_22. I hereby certify that I attended the deceased from **22 Dec**, 19**55**, to **28 Apr**, 19**56**, that I last saw the deceased alive on **16 March**, 19**56**, and that death occurred at **11 A** m., from the causes and on the date stated above.23. SIGNATURE **Frank Niesen** (Degree or title) **M.D.** 23b. ADDRESS **4209 S. Kingshighway** 23c. DATE SIGNED **30 Apr 1956**24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **MAY 1 1956** 24c. NAME OF CEMETERY OR CREMATORY **SUNSET BURIAL PK** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**DATE REC'D BY LOCAL REG. **APR 30 1956** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas Kuttie** ADDRESS **2906 Georgia**

(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 *Leo J. Budde*.....  
Licensed Embalmer No. *390*.....  
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.