

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

28164

State File No. \_\_\_\_\_

318

1003

Registrar's No. 7103

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 ad- -a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give _____) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>2612 1/2 S. 11th St. 23</u>				e. STREET ADDRESS (If rural, give location) <u>2612 1/2 S. 11th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELIA</u> b. (Middle) _____ c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 29 1956</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAR. 25 1888</u>	
9. AGE (In years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAMPLE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS CORDAGE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IRELAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MORAN</u>		14. NAME OF HUSBAND/OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY BROWN 2612 1/2 S. 11th St</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Small Subdural Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES <u>Oedema of the Brain;</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Decubitus Ulcers, suffered when struck by car operated by Michael Kowalski, at</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>After section of 18th and</u>				_____			
Conditions contributing to the death but not related to the disease or condition causing death.				_____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Russell St. about 753 and</u>		19c. _____		19d. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19e. _____		19f. _____		19g. _____		19h. _____	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>		20d. _____	
20e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Apr 13 56 7A 50</u>		20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. HOW DID INJURY OCCUR? <u>DOB</u>		20h. _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Typed name & title) <u>Joseph M. Quinn</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/31/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 1 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAEVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 31 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>		ADDRESS <u>7906 Marine</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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18295 embalmer

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. Budd* ..... Licensed Embalmer No. 398

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.