Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35307

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9433

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand, St.Louis, Mo. Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, Length of stay in 1b 2½ hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY ST. CLAIR
c. CITY OR TOWN EAST ST. LOUIS 812 Inside Limits Yes X No
d. STREET ADDRESS 122 SOUTH MAIN (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First FRANK Middle Last BROWN

4. DATE OF DEATH Month 10 Day 11 Year 56

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 5/10/02 9. AGE (In years last birthday) 54 yrs. 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, even if retired) CHAINER 10b. KIND OF BUSINESS OR INDUSTRY STEEL FOUNDRY 11. BIRTHPLACE (City and state or country) PLANTATION, MISS. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JERRY BROWN 14. MOTHER'S MAIDEN NAME THELIA RUTGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2 16. SOCIAL SECURITY NO. 426-22-4807 17. INFORMANT Address VA HOSP.RECORDS,915 N.Grand,ST.LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RUPTURED AORTIC ANEURYSM
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) .022 X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from VA 10-11-56 to 10-11-56 and last saw him alive on 10-11-56
Death occurred at 1:00 P m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner 22b. ADDRESS 1300 Clark, St.Louis, Mo. 22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Oct.16,'56 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) East St. Louis Ill.

24. FUNERAL DIRECTOR ADDRESS 3847 Page Blvd. C. T. Nash Funeral Home, Inc. 25. DATE RECD. BY LOCAL REG. OCT 16 1956 26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin C. Gree

Licensed Embalmer No. 44

P. O. Address H. Lauri

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.