S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

35308

State File No. .....

FILED NOV 16 1956

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9763

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

3

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA. Homer G. Phillips Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

STREET ADDRESS (If rural, give location): 3614 Evans

3. NAME OF DECEASED (Type or Print)
a. (First): Gussie
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): 10/22/56

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Feb. 28, 1917
9. AGE (In years last birthday): 39 | IF UNDER 1 YEAR Months 7 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beauty Operator
10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop
11. BIRTHPLACE (City and State or Foreign Country): Unknown 9
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Jim Hodges
13b. MOTHER'S MAIDEN NAME: Mary
14. NAME OF HUSBAND OR WIFE: ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Annie Stroud ADDRESS: 3614 Evans

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction; Pulmonary Oedema, Fracture of Pelvis, suffered

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) collision between car operated by one, Leonard Lipton in which

DUE TO (c) deceased was a passenger and car operated by one, Egom Munster at intersection of Beaumont and Olive Sts., about 1147 pm., October 20, 1956. 8164

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo 26

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 20 56 11 pm 4
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? SAE above

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 1005 p.m., from the causes and on the date stated above.

23a. SIGNATURE: James M Kelly (Name or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 10-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/26/56
24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery
24d. LOCATION (City, town, or county) (State): Berkley, Missouri

DATE REC'D BY LOCAL REG.: OCT 26 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: E B Koonce ADDRESS: 1221 N. Grand

MDB (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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 396

P. O. Address 1321 N.

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