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FILED NOV 19 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
39256
STATE FILE NUMBER9170
REGISTRAR'S NO.
 Registration District No. **318** Primary Registration District No. **1003**

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, give TOWNSHIP only) OR TOWN 915 N Grand St Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL			Length of stay in lb 16 Days	19d. STREET ADDRESS 401 N Newstead (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HARRY Middle C Last BROWN			4. DATE OF DEATH Month 10 Day 4 Year 56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Sept. 4	8. DATE OF BIRTH 8/9/96	9. AGE (In years last birthday) 60 yrs. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Rockwood, Illinois		
13. FATHER'S NAME BAKER BROWN			14. MOTHER'S MAIDEN NAME NETTIE ELLISON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 486 18 3638		17. INFORMANT Address V.A. HOSPITAL RECORDS ST. LOUIS, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DIABETES MELLITUS					INTERVAL BETWEEN ONSET AND DEATH 1 Week Unknown 331x	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - X - -			
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. - - - - -			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - - - - -		20f. CITY, TOWN, OR LOCATION - - - - -		20g. COUNTY STATE - - - - -		
21. I attended the deceased from 9/18/56 to 10/4/56 and last saw her him alive on 10/4/56 Death occurred at 9:15 on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Joseph T. Kaminskas			22b. ADDRESS M.D. VAH 915 N. Grand St. Louis, Mo.		22c. DATE SIGNED 10/4/56	
23a. BURIAL, CREATION, REMOVAL (Specify) removal		23b. DATE 10-6-56		23c. NAME OF CEMETERY OR CREMATORY Illmo., Mo.		
23d. LOCATION (City, town, or county) (State) Illmo., Mo.			24. FUNERAL DIRECTOR ADDRESS Bisplinghoff, Illmo. Mo.			
25. DATE RECD. BY LOCAL REG. OCT 8 1956			26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. J. B.			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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 *Harvey Kable*.....

Licensed Embalmer No. *45*

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.