

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42773

State File No.

11536

No. 300
10.48

FILED JAN 15 1957

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 11536
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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 1234 Hodiament Ave.		e. STREET ADDRESS (If rural, give location) 1234 Hodiament Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) NANNIE		b. (Middle)		c. (Last) BROWNLEE
4. DATE OF DEATH (Month) (Day) (Year) 12 14 1956		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 6-12-1863
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		11. BIRTHPLACE (City and State or Foreign Country) Washington Co, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hugh Brownlee		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hazel Birdwell ADDRESS 1234 Hodiament
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 1, 1952 to Dec 14, 1956 , that I last saw the deceased alive on Dec 14, 1956 , and that death occurred at 5P m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Roy Compton M.D.		23b. ADDRESS 1050 2nd Manchester		23c. DATE SIGNED 12/15/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-1956		24c. NAME OF CEMETERY OR CREMATORY Coulterville Cem.
24d. LOCATION (City, town, or county) (State) Coulterville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette		
DATE REC'D BY LOCAL REG. DEC 17 1956		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		

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..... *L.P. Cooper*

Licensed Embalmer No. *365*

P. O. Address *2317 Lela*

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.