

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER **2585**
735

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature.

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 St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2705 Dayton	
3. NAME OF DECEASED (Type or print) Trosper Browning		4. DATE OF DEATH Month 1 Day 21 Year 57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-20-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Butcher		11. BIRTHPLACE (City and state or country) CAMDEN ARKANSAS	
13. FATHER'S NAME CHARLIE BROWNING		14. MOTHER'S MAIDEN NAME DREWSILLA PAGE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES: WORLD WAR # I		16. SOCIAL SECURITY NO. 488-10-0786	
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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		332x	
DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertensive Vascular Disease			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ 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		COUNTY STATE	
21. I attended the deceased from 1-13-57 to 1-21-57 and last saw ^{him} her alive on 1-21-57 Death occurred at 9:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh Waters , M. D.		22b. ADDRESS 2601 Whittier Street	
		22c. DATE SIGNED 1-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-27-57	
23c. NAME OF CEMETERY OR CREMATORY National Cem. Jefferson Barracks		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS John Houston 2616, No. Garrison Ave.		25. DATE RECD. BY LOCAL REG. JAN 23 '57	
		26. REGISTRAR'S SIGNATURE Carl Smith	

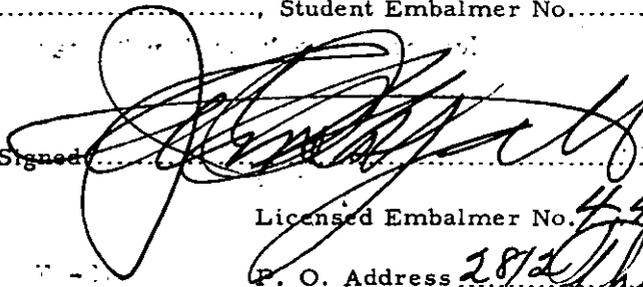
STATEMENT BY LICENSED EMBALMER

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 
Licensed Embalmer No. 44
P. O. Address 2812 Ho

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.