

STANDARD CERTIFICATE OF DEATH

State File No. **11611**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **511**

1. PLACE OF DEATH a. COUNTY St. Louis 4001			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (in this place) 20 days	c. CITY OR TOWN St. Louis 20590		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 43 Normandy Osteopathic Hospital			e. STREET ADDRESS (If rural, give location) 5 5705 Cates		
3. NAME OF DECEASED a. (First) Rose b. (Middle) - c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) 2 23 57		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/28/02	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: Months 4 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Geers		13b. MOTHER'S MAIDEN NAME Salk	14. NAME OF HUSBAND OR WIFE Harry Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-12-5095	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Brown (husband) 6705 Cates Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peripheral Vascular collapse				INTERVAL BETWEEN ONSET AND DEATH 11 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Neoplasm DUE TO (c) Melastatic CA. (Adeno CA Colon)				hours 2 yrs.
	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 153X				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 Jan 26, 1957 , to Feb 23, 1957 , that I last saw the deceased alive on Feb 23, 1957 , and that death occurred at 8:00 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE William D. McQuinn Jr. MD		(Degree or title)	23b. ADDRESS 3301 Ashby Rd. St Ann Mo		23c. DATE SIGNED 2/25/57
24a. BURIAL, CREMATION, OR REMOVAL	24b. DATE 2/26/57	24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 2-25-57	REGISTRAR'S SIGNATURE Richard K. Tomke, M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lendell		

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 *Thomas Williams*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Linder*.....

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.