

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25979**  
**6768**

FILED JUL 31 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>525 N. Whitter</b>				STREET ADDRESS (If rural, give location) <b>1970 525 N. Whittier</b>					
3. NAME OF DECEASED (Type or Print) <b>Wayne</b>		a. (First)		b. (Middle) <b>Morris</b>		c. (Last) <b>Brown</b>			
4. DATE OF DEATH <b>July 18, 1957</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 7, 1940</b>		9. AGE (In years last birthday) <b>17</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>11</b> IF UNDER 24 HRS. Hours <b>0</b> Mins. <b>11</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barbor Shop</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John C. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Willie B. Hafvey</b>			
13c. NAME OF HUSBAND OR WIFE <b>None</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) _____		15. SOCIAL SECURITY NO. <b>493-44-2461</b>		16. INFORMANT'S SIGNATURE OR NAME <b>John C. Brown</b> ADDRESS <b>525 N. Whittier</b>			
17. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Status Asthmaticus</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>241X</b>	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOBIOGRAPHY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:45A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Patrick E. Taylor Carme</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7/20/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/23/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>Berkley, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2057</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. C. Koenig</b>		ADDRESS <b>1221 N. Grand Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Melvin Blum*  
Licensed Embalmer No. 396  
P. O. Address 1221 NW

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.