

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

State File No. **37224**
Registrar's No. **10054**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10054**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE **Missouri** b. COUNTY _____

c. CITY OR TOWN **St. Louis** d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2640 Bernard** e. STREET ADDRESS (If rural, give location) **221 2640 Bernard**

3. NAME OF DECEASED a. (First) **Johnson** b. (Middle) **Pete** c. (Last) **Brown** 4. DATE OF DEATH (Month) (Day) (Year) **10 24 57**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **February 9, 1887** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR: Months **8** Days **15** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Indiana** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Pete Brown** 13b. MOTHER'S MAIDEN NAME **Sarah Curry** 14. NAME OF HUSBAND/OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mabel Sidnor** ADDRESS **4826 Labadie**

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* (a) **Coronary Thrombosis**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. **420-1**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES 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 NOT WHILE AT WORK 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 **12:48 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick Taylor Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10-28-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-30-57** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **OCT 28 57** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Ellis Funeral Home, Inc.** ADDRESS **2820 Stoddard St.**

(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 *F. L. E. Culpeper*.....

Licensed Embalmer No. *4198*

P. O. Address *W. H. ...*

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.