

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45487  
STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 439

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Desloge</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b>		Length of stay in 1b <b>1 Week</b>	d. STREET ADDRESS (If outside, give location) <b>7th. Street</b>
4. DATE OF DEATH <b>Nov 17th. 1957</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Marion</b> Last <b>Brown</b>		4. DATE OF DEATH <b>Nov 17th. 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 16th 1894 63</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>1</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Company</b>	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Emmanuel Brown</b>	
14. MOTHER'S MAIDEN NAME <b>Elmira Estes</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>490 03 2826</b>		17. INFORMANT <b>Mrs. Lillie Brown, Desloge, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo-pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Emphysema, Granular asthma, COPD, Pulmonary</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT <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 <u>11-13-57</u> to <u>11-17-57</u> and last saw her alive on <u>11-17-57</u> Death occurred at <u>1:52 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Gaebe M.D.</b> (Degree or title)		22b. ADDRESS <b>Desloge Mo</b>	22c. DATE SIGNED <b>1-1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/20/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem Bk.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois Co. Mo.</b>
24. FUNERAL DIRECTOR <b>C.Z. BOYER &amp; SON</b> ADDRESS <b>DESLOGE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 8, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>

2897

JAN 14 1958

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 *B. T. Boyer* .....

Licensed Embalmer No. *366*

P. O. Address *Wesloge*

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.