

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2694

STATE FILE NUMBER

FILED FEB 14 1958

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 1331

300
-57

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| 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 | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | Length of stay in 1b 27 26 STREET ADDRESS 4826 Labadie | |
| 3. NAME OF DECEASED (Type or print) Carl Brown | | 4. DATE OF DEATH Month 1 Day 31 Year 58 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9-9-1896 |
| 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months 4 Days 22 | 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 country) Evansville, Indiana | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Peter Brown | | 13b. MOTHER'S MAIDEN NAME Sarah Curry | 14. NAME OF HUSBAND OR WIFE None |
| 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. 489-14-7814 | 17. INFORMANT Mable Sidnor Address 4826 Labadie |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic glomerulonephritis. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer | | | INTERVAL BETWEEN ONSET AND DEATH undet. |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 1-27-58 to 1-31-58 and last saw him alive on 1-31-58 Death occurred at 12:45 P 0 m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE S. A. Inman, M.D. (Degree or title) 0 | |
| 22b. ADDRESS 2601 Whittier Street | | 22c. DATE SIGNED 2-3-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2-7-58 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR Ellis Funeral Home, Inc. ADDRESS 2820 Stoddard | | 25. DATE RECD. BY LOCAL REG. FEB 4 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MD mjb |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

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 *Fuller E. Cullin*

Licensed Embalmer No. *4198*

P. O. Address *Harris, Mo*

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.