

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011404

State File No. ....

FILED MAR 19 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2591**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **ST. Louis, Mo.** c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN **ST. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3206<sup>th</sup> University St**

e. STREET ADDRESS (If rural, give location) **1070 3206<sup>th</sup> University**

3. NAME OF DECEASED  
a. (First) **FRANK** b. (Middle) **J.** c. (Last) **BROWN**

4. DATE OF DEATH (Month) (Day) (Year)  
**3-2-1958**

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **about 1879** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sign Painter**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Kansas**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Not Known**

13b. MOTHER'S MAIDEN NAME **Not Known**

14. NAME OF HUSBAND OR WIFE **Not Known**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Harry Fisher 906 Rockdale**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Myocarditis**

\*This does not mean the mode of dying, such as heart failure, ashenia, 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. **422.2**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? **2** 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 **Feb 24, 1958**, to **Feb 28, 1958**, that I last saw the deceased alive on **Feb 28, 1958**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **J. J. Vignier** (Degree or title) **MD**

23b. ADDRESS **3511 University St.**

23c. DATE SIGNED **March 4, 1958**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial**

24b. DATE **3-6-58**

24c. NAME OF CEMETERY OR CREMATORY **Calvary**

24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 4 1958 J. Earl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. Ross 2707 N Grand**

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 *Gustav W. Dutcher*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.