

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011405

State File No. ....

FILED MAR 19 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2483

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2483</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 mo., 21 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital 2970</b>								
e. STREET ADDRESS (If rural, give location) <b>6704 S. Broadway</b>								
3. NAME OF DECEASED (Type or Print) <b>George</b>			a. (First)			b. (Middle)		
c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 58</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>Sept 1896</b>		
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE (BLIND)</b>			10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <b>George</b>			13b. MOTHER'S MAIDEN NAME <b>Kitty ?</b>			14. NAME OF HUSBAND OR WIFE <b>Maude ?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW#1</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Katie Brown</b>				
				ADDRESS <b>6704 S. Broadway</b>				
18. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aggravated Cell. C.A. Tongue</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>141-9</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) (Min.)		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 <b>12-30-57</b> , 19____, to <b>2-25-58</b> , 19____, that I last saw the deceased alive on <b>2-25-58</b> , 19____, and that death occurred at <b>7:50a.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>				23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>2/25/58</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-5-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barrack Mo</b>		
DATE REC'D BY LOCAL HEALTH OFFICER <b>MAR 1 '58</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Burke 3506 Franklin</b>				

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.....  
*Leroy U. Bannister*

Licensed Embalmer No. *452*

P. O. Address *2616 N. St.*

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.