XC 19791605 SL10481

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011407
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3061

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Length of stay in 1b: 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: ST CLAIR
c. CITY OR TOWN: E.ST LOUIS — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RTE 1 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JODIE Middle L Last BROWN
4. DATE OF DEATH: Month 3 Day 14 Year 58

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 4-3-92
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MIFFLIN TENN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JAMES A BROWN
13b. MOTHER'S MAIDEN NAME: BETTY MC DANIELS
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA HOSPITAL RECORDS, ST. LOUIS, MO Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEPOTOMA OF THE LIVER WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: UNDETERMINED
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 155.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-19-58, to 3-14-58 and last saw him alive on 3-14-58
Death occurred at 9:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leo T. Neu Jr. LEO T. NEU (Degree or title) M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 3-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/19/58
23c. NAME OF CEMETERY OR CREMATORY: National Cem.
23d. LOCATION (City, town, or county) (State): Jeff. Bks. Mo

24. FUNERAL DIRECTOR: Edward Fendler ADDRESS: 5611 S Grand Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 17 58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Hedley F. Kaelber Jr.

Licensed Embalmer No. 4950

P. O. Address Delaware

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.