

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016883

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 963

300  
1-57  
4000

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester Mo</u> <u>MANCHESTER MO</u>		c. CITY OR TOWN <u>Manchester 4000</u> <u>MANCHESTER</u>	
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Homes 14R 8 MO</u>		d. STREET ADDRESS (If outside, give location) <u>HENRY AVE.</u>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Brown</u> Last <u>BROWN.</u>		4. DATE OF DEATH Month <u>4</u> Day <u>5</u> Year <u>1958</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/26/1875</u> <u>JUNE 26 1875</u>
9. AGE (In years last birthday) <u>82 82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo. 0</u> <u>St. Louis Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>UNKNOW N</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOW N</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Brown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>was</u>	
16. SOCIAL SECURITY NO. <u>490-14-5795</u>		17. INFORMANT <u>Rose Brown, Manchester Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> <u>Arterio-sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH
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 <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>March 1957</u> to <u>April 4/58</u> and last saw <sup>him</sup> <u>him</u> alive on <u>April 3/58</u> Death occurred at <u>5:05</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. N. Jansen M.D. 0</u>		22b. ADDRESS <u>1726 Belmonte Richmond 11/58</u>	
22c. DATE SIGNED <u>4-5-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>4-7-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN CEM.</u>	
23d. LOCATION (City, town, or county) <u>MANCHESTER, MO.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Richard Bopp* .....

Licensed Embalmer No. *4584* .....

P. O. Address *Ballerwin, Md* .....

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.