

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019530  
State File No. ....

FILED JUN 13 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5976

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis, Mo.</u>   |  | c. LENGTH OF STAY (in this place)<br><u>1 Mo 15 Days</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Louis Chronic Hospital</u>   |  | e. CITY OR TOWN <u>St. Louis</u><br>f. STREET ADDRESS (If rural, give location)<br><u>866 Elias Ave.,</u>                    |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Jesse</u> b. (Middle) <u>F.</u> c. (Last) <u>Brown</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 8-1958</u>  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>August 16th, 1887</u>                           |
| 9. AGE (In years last birthday) <u>70</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Pipe fitter</u>             | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Missouri</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Pipe fitter</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>retired</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                             |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Florence Brown, 866 Elias</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>        |  |
| 16. SOCIAL SECURITY NO.<br>-----   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Florence Brown, 866 Elias</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.A. Metastatic Lung, Liver, Vertebral</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mths.</u>   |  |
| *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) <u>Bronchogenic C.A. Left Lung</u>  |  | 7 mo.  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | 19. DATE OF OPERATION  |  |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Term. Bronchopneumonia</u>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>1621</u>  |  |
| 19a. DATE OF OPERATION   |  | 20. AUTOPSY?<br>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)  | 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 <u>April 24, 1958</u> to <u>June 8, 1958</u> , that I last saw the deceased alive on <u>June 8, 1958</u> , and that death occurred at <u>11:00 A.M.</u> m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>John W. Beckham, M.D.</u>   |  | 23b. ADDRESS<br><u>5800 Arsenal</u>  | 23c. DATE SIGNED<br><u>6/9/58</u>                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 24b. DATE<br><u>6/11/58</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Frieden Cemetery</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |
| DATE REC'D BY LOCAL HEALTH DEPT.<br><u>JUN 10 1958</u>   | REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u>                                    |  |

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 *Stanley H. Dixon*  
Licensed Embalmer No. *419*  
P. O. Address *H. R.*

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.