

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020499
State File No.

FILED MAY 26 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1350

4000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Ballwin</u>		c. CITY OR TOWN <u>Ballwin</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 year</u>		e. STREET ADDRESS (If rural, give location) <u>Manchester Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester, Mo. Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle)	c. (Last) <u>BROWN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 21, 1881</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR (Month) (Day) <u>11 17</u>	IF UNDER 18 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance Worker</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Olney, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James H. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>M. Lovelace</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel, Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-28-2453</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lester Moore, Laddonia, Mo.</u>		ADDRESS	
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>CHRONIC MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROSIS</u>	
		DUE TO (c) <u>SENILITY</u> <u>4221</u>	
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u>		YES <input type="checkbox"/> NO <input checked="" 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>JUNE 1, 1957</u> , to <u>MAY 8, 1958</u> , that I last saw the deceased alive on <u>MAY 7, 1958</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B.R. Loving, M.D.</u>		23b. ADDRESS <u>BALLWIN, MO.</u>	
23c. DATE SIGNED <u>5-8-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/20/58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-20-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp Inc</u>		ADDRESS <u>Kirkwood</u>	

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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 *Francis J. Wood*
Licensed Embalmer No. *451*
P. O. Address *Kidwood*

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.