

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024047
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1642

300
1-52

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 410 N. Newstead	
Length of stay in lb 3 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FOSTER Middle H Last BROWN, SR.			4. DATE OF DEATH Month June Day 17th Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27th, 1891
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney - U. S. Defense Corporation		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Huntington, Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joshua Hightower	
13b. MOTHER'S MAIDEN NAME Edith Clark		14. NAME OF HUSBAND OR WIFE Lucille Fleming Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-05-9303	17. INFORMANT Address Mrs. Lucille Fleming Brown 410 N. Newstead
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure - Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis of Aorta			
DUE TO (c) 4500			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Apr 10 / 58 to June 17 / 58 and last saw him alive on 6/17/58 Death occurred at P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stella M. S. O. M.D.		22b. ADDRESS 3720 Washington Boulevard	
22c. DATE SIGNED 6/18/1958		22d. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
22e. LOCATION (City, town, or county) (State) St. Louis County, Missouri		22f. DATE RECD. BY LOCAL REG. 6-19-58	
22g. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		22h. BURIAL, CREMATION, REMOVAL (Specify) Burial	
22i. DATE 6/20/1958		22j. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
22k. LOCATION (City, town, or county) (State) St. Louis County, Missouri		22l. FUNERAL DIRECTOR C. R. LUPTON & SONS	
22m. ADDRESS 7233 Delmar Blvd.		22n. DATE RECD. BY LOCAL REG. 6-19-58	
22o. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		22p. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo*

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.