Health, & Welfare Public Service

. 300
. 1-56

5

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034041
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8575

FILED SEP 22 1958

1. PLACE OF DEATH
a. COUNTY

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 St. Louis, Missouri — Inside Limits Yes ☒ No ☐

c. CITY OR TOWN St. Louis, — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Masonic Home of Mo. — Length of stay in 1b 12-7-53 to 9-4-58

d. STREET ADDRESS (If outside, give location) 5351 Delmar Blvd. — Reside on Farm Yes ☐ No ☐

01 2/27

3. NAME OF DECEASED (Type or print) First Charles Middle Walter Last Brown

4. DATE OF DEATH Month 9 Day 4 Year 58

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH August 23, 1865

9. AGE (In years last birthday) 93 — 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) Physician M. D.

10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor

11. BIRTHPLACE (City and state or country) Metropolis, Illinois /

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Brown

14. MOTHER'S MAIDEN NAME Charlotte Choate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Masonic Home of Mo. - Address 5351 Delmar Blvd.

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1-56, to 9-4-58 and last saw him alive on 9-3-58
Death occurred at 3:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters M.D. 0

22b. ADDRESS 3720 Washington St. Louis Mo.

22c. DATE SIGNED 9-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 9-4-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.

24. FUNERAL DIRECTOR ADDRESS La Forge, Caruthersville, Mo.

25. DATE RECD. BY LOCAL REG. SEP 5 '58

26. REGISTRAR'S SIGNATURE J Earl Smith MD M&B

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.