

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042496

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 217 Primary Registration District No. 541 Registrar's No. 3065

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 22,
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County		Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 729 W. Jewel Ave.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DORIS LOUISE BROWN			4. DATE OF DEATH Month Day Year Nov. 21, 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) CRAWFORD CO., ILL.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CARL B. WALTERS	13b. MOTHER'S MAIDEN NAME Florence	14. NAME OF HUSBAND OR WIFE JAMES Q. BROWN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) YES WW II	16. SOCIAL SECURITY NO. unk.	17. INFORMANT JAMES Q. BROWN*729 W. Jewel	Address KIRKWOOD, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide and hydrocyanic acid gas poisoning; with secondary residual of Hodgkins Disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inhaled carbon monoxide poisoning and self ingested "Cynogas - Poison"
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20c. TIME OF INJURY 3:45 p.m. 11/21/58 body found	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in car in Babler State Park	20f. CITY, TOWN, OR LOCATION Rural	COUNTY St. Louis	STATE Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Raymond David</i> (Degree or title) Coroner 3	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 11/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/24/1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Pfizinger Mortuary-Kirkwood, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-24-58	26. REGISTRAR'S SIGNATURE <i>Robert R. Alonzo, M.D.</i>
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(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 *Ben B. Hoffner*

Licensed Embalmer No. *4360*

P. O. Address *.....*

[**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.