

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002786
STATE FILE NUMBER

1003

53

FILED JAN 26 1959 Registration District No. 31E Primary Registration District No. 1003 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home Phillips Hosp</i>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>3715 Fair</i>	
3. NAME OF DECEASED (Type or print) <i>Wendell</i>		First <i>Wendell</i>		Middle <i>Brown</i>		Last <i>Brown</i>	
4. DATE OF DEATH		Month <i>Jan</i>		Day <i>1</i>		Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>17 Apr 1940</i>	9. AGE (In years last birthday) <i>18</i>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>		11. BIRTH PLACE (City and state by county) <i>Galax Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Manuel Brown</i>				14. MOTHER'S MAIDEN NAME <i>Betty McChlain</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If more than one year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT <i>Manuel Brown</i> Address <i>3715 Fair</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull</i> <i>Brain Injury</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Compound Fracture of the Left Leg.</i> DUE TO (c) <i>---</i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE MENTIONED IN PART I. <i>suffered infarct stroke by C.P. operated by one, Davis</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I, No. 18 if (a)) <i>at the intersection of Carleton and Fair and Natural Bridge Ave., about 145 aw., January 1, 1959.</i>					20c. TIME OF INJURY Hour <i>145</i> a. m. Month, Day, Year <i>1 / 1 / 59</i>
20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis</i> COUNTY <i>Mo</i>		STATE	
21. I attended the deceased from <i>510 P</i> to <i>---</i> and last saw her alive on <i>---</i> Death occurred at <i>510 P</i> on the <i>1</i> day stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) <i>John L. Clark</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1/2/59</i>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		22e. DATE <i>5 Jan. 1959</i>	22f. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		22g. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>JAN 5 '59</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *41*

P. O. Address *2405 N*

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.