

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014753

STATE FILE NUMBER

3633

MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
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 <i>Homer G. Phillips</i>		d. STREET ADDRESS (If outside, give location) <i>4606 Enright</i>	
Length of stay in lb <i>60 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle Last <i>Brown</i>			4. DATE OF DEATH Month <i>4</i> Day <i>9</i> Year <i>59</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-15-1876</i>
9. AGE (In years or birthday) <i>82</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>Arrock Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>Frank Brown</i>	
13b. MOTHER'S MAIDEN NAME <i>Mable Williams</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>489-058149</i>	
17. INFORMANT <i>Ethel Lyn Thompson</i>		Address <i>4054 Page</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>Fractured Left Hip</i> DUE TO (b) <i>Generalized Arterio Sclerosis</i> E 903.5 DUE TO (c) <i>44</i>			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESEASE BEYOND DUBIUM OCCURRED. (Enter nature of disease in PART I or PART II of Form 18) <i>Deceased in fall on street, operation unknown, on or about April 7, 1959.</i>	
20c. TIME OF INJURY Hour <i>4</i> Month <i>7</i> Day <i>7</i> Year <i>1959</i> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>290 Street</i>	
20e. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY <i>Mo</i> STATE	
21. I attended the deceased from <i>950 P.</i> and last saw her/him alive on <i>950 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alvin E Taylor</i> (Degree optional) <i>3</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>4/11/59</i>		23. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
23a. BURNING, CREMATION, REGIONAL (Specify) <i>Rem</i>		23b. DATE <i>4-14-59</i>	
23c. CITY, TOWN, OR COUNTY <i>St. Louis</i>		23d. LOCATION (City, town, or county) (State) <i>Mo.</i>	
24. FUNERAL DIRECTOR <i>Manuel Wnd. Co.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 13 '59</i>	
ADDRESS <i>1711 N. Taylor</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

m. 8. 03.

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 *W. Claude Gord*

Licensed Embalmer No. *32457*  
P. O. Address *4875 Al*

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.