

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033487

FILED VS. SEP 22 1959 16

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 353

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Length of stay in 1b OR 5Y; 5M; 15 d. as		d. STREET ADDRESS 7305 Zephyr Place		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
JOSEPHINE M. BROWN				Sept. 11, 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 5, 1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 8 Days 6	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper and cook.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Vienna, Austria		12. CITIZEN OF WHAT COUNTRY U.S.A. (Naturalized)	
13a. FATHER'S NAME Hometz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary embolus - - - - - instantaneous.							
DUE TO (b) Deep vein thrombosis - - - - - unknown.							
DUE TO (c) Cholecystectomy on 8-19-59							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from August 13, 1959 to Sept. 11, 1959 and last saw her alive on Sept. 11, 1959				Death occurred at 8:45 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Arthur J. Donnelly M.D.</i>				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 9-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-14-59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)		
24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 13, 1959		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.