

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009306

FILED VS MAR 10 1960 317

543
500
REGISTRAR'S NO. 500
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				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 Normandy		Length of stay in 1b DAYS		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopaths Hos.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3407a Clara Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Elmer Henry Brown aka Elmer Harry Brown				4. DATE OF DEATH February 16, 1960									
5. SEX Male		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 September 4, 1894		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months 5 Days 12		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanical Engineer				10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Schools		11. BIRTHPLACE (City and state or country) St. Louis, Mo., U.S.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Elmer Henry Brown				13b. MOTHER'S MAIDEN NAME Mary Catherine Closs				14. NAME OF HUSBAND OR WIFE Margaret Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Margaret Brown, 3407a Clara Ave.							
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) Myocardial Decompensation										1 month			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor Pulmonale										3 yrs			
DUE TO (c) Status Asthmaticus										5 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arrested Tuberculosis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2-5-60 to 2-16-60 and last saw her him alive on 2-12-60 Death occurred at 2:30 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Robert W Shelby DO						22b. ADDRESS 1917 N. Healey Rd			22c. DATE SIGNED 2-17-60				
23a. BURIAL, CREMATION, OR OTHER DISPOSAL Burial		23b. DATE February 20, 1960		23c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri							
24. FUNERAL DIRECTOR ADDRESS Biesiek-Niehaus Mortuary 1431 Union Blvd				25. DATE RECD. BY LOCAL REG. 2-18-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elton R. Penick

Licensed Embalmer No. 4283

P. O. Address St. Louis

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.