

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024363

FILED VS JUL 12 1960

318

Primary Registration District No. 1003

Registrar's No. 6202

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		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 915 N GRAND ST LOUIS MO		Length of stay in 1b 11HRS 20MINS	c. CITY OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4057 PAGE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SAM Middle BROWN Last			4. DATE OF DEATH Month JUNE Day 15 Year 1960			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/25/95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done 1st of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) VICKSBURG, MISS.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME SAM BROWN		13b. MOTHER'S MAIDEN NAME GEORGIA THOMAS		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 325-14-8402		17. INFORMANT 122 SLOUGH RD NATHANIEL BROWN VENICE, ILL.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 17 HRS
DUE TO (b) METASTATIC CARCINOMA OF BRAIN			
DUE TO (c) PRIMARY CARCINOMA OF LUNG # 162.1			
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 type="checkbox"/> N- <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 Month, Day, Year a.m. p.m.	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 **6/15/60** to **6/15/60** and last saw him alive on **6/15/60**
Death occurred at **4:05 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE ABBAS BASHIRALAH (Degree or title) Abbasi, M.D.		22b. ADDRESS VAH, ST LOUIS, MO.		22c. DATE SIGNED 6/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/17/60	23c. NAME OF CEMETERY OR CREMATORY St. George Cemetery	23d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	

24. FUNERAL DIRECTOR Marshall Funeral Home-E.St.Louis, Ill.	25. DATE RECD. BY LOCAL REG. JUN 17 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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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 Thomas M. Klobes

Licensed Embalmer No. 7479
P.O. Address 2205 11th St

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.