

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS. NOV 1 0 1960

-60-039572

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10584 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE HOSP.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4242 WYOMING</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>LAWRENCE W BROWN</u>				4. DATE OF DEATH Month Day Year <u>OCT 31 1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 3 1902</u>		9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEMICAL WORKER MONSANTO</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>			
13a. FATHER'S NAME <u>GEORGE BROWN</u>				13b. MOTHER'S MAIDEN NAME <u>ELIZABETH KILFOY</u>				14. NAME OF HUSBAND OR WIFE <u>MARIE BROWN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>489-07-9007</u>		17. INFORMANT Address <u>MARIE BROWN 4242 WYOMING ST</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular Thrombosis</u> DUE TO (b) <u>COT Pulmonale</u> DUE TO (c) <u>Pulmonary Fibrosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>525x</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 years</u> <u>15 years</u>			
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 <u>12-17-57</u> to <u>10-31-60</u> and last saw him <u>10-31-60</u> Death occurred at <u>10<sup>05</sup>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Paul Murphy M.D.</u> (Degree or title)						22b. ADDRESS <u>508 N Grand</u>			22c. DATE SIGNED <u>11-1-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV 3, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>			23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		STATE <u>MO.</u>				
24. FUNERAL DIRECTOR <u>Thomas Kurtis 2906 Gravois</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>NOV 2 1960</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>							

Presently not enclosed as per if Decedent's medical record DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

No. 1000  
1000  
1000

**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 James C. Hill

Licensed Embalmer No. 434

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.