URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047335

STATE FILE NUMBER

S JAN 1 0 1961

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12176

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 St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3831 Maffitt — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Willie Middle Last Browning

4. DATE OF DEATH Month 12 Day 14 Year 60

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/16/1901

9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Malvern, Ark.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Rosie

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. 488-30-2630

17. INFORMANT Earl Smith-----3932 Evans Avenue Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease with congestive failure. — INTERVAL BETWEEN ONSET AND DEATH undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 443x

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 12-8-60 to 12-14-60 and last saw her/him alive on 12-14-60

Death occurred at 9:15p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sidney A. Grosa, M.D.

22b. ADDRESS 2601 N. Whittier Ave

22c. DATE SIGNED 12-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12/21/60

23c. NAME OF CEMETERY OR CREMATORY Father Dickson

23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri

24. FUNERAL DIRECTOR E. B. Koonce — ADDRESS 1221 North Grand

25. DATE RECD. BY LOCAL REG. 12-19-1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed Melvin Blankenship

Signature of Student Embalmer

Licensed Embalmer No. 5962

P. O. Address 1221 N Gra

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