

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040047

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10130**

STATE FILE NUMBER

VS 300
Rev. 4/59

1
2 205
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4 2
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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10130**

FILED NOV 1 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST Louis** Length of stay in lb _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **504 Homer Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY _____
c. CITY OR TOWN **ST Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **6017 Etzel** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Otho Lee Brown** 4. DATE OF DEATH Month Day Year **Oct 19 1962**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **29 June 1934** 9. AGE (last birthday) **28** 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) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Face Miss** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Sanders Brown** 13b. MOTHER'S MAIDEN NAME **Nellie Miller** 14. NAME OF HUSBAND OR WIFE **Minnie L Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT Address **Minnie Lee Brown 6017 Etzel**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Gunshot wound of heart, suffered when shot with gun in hands of one Benjamin Smith in part of about 538 Vernon about 9:08 P.M. on October 19, 1962.** INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Home** 981X
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.) **See above**

20c. TIME OF INJURY Hour Month, Day, Year **9:08 a.m. 10-19-62**

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.) **Street** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **ST Louis, Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph Indurmont Deputy** 22b. ADDRESS **1300 Claes** 22c. DATE SIGNED **10-22-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Remove** 23b. DATE **25 Oct 62** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **ST Louis Mo**

24. FUNERAL DIRECTOR ADDRESS **Reliable Funeral Hs 1389 Union** 25. DATE RECORDED BY LOCAL REG. **OCT 23 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith. M.D.**

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

James A. Bryant

Licensed Embalmer No. 4441

P. O. Address _____

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.