

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2694

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4002
2 2/1

3

4 3

5 1

6

7 0

8 1

9323X

10

11

1292-3

13

91

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		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>University City</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3803a Windsor</u>	
3. NAME OF DECEASED (Type or print) First <u>DOROTHY</u> Middle <u>BROWN</u> Last		4. DATE OF DEATH Month <u>September</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</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>11/2/29</u>
9. AGE (last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk, Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Bldg.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Horace Milliner</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Greenwood</u>		14. NAME OF HUSBAND OR WIFE <u>Homer 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.:	17. INFORMANT <u>Helen Gosby, 3934 Cote Brillante</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>Central nervous system depression</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/> No <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.) <u>Probable self injection of narcotic</u>	
20c. TIME OF INJURY Hour <u>3:20</u> a.m. <u>PM</u> Month, Day, Year <u>9/13/62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>subject found found on sidewalk</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>found on sidewalk</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>University City St. Louis Missouri</u>	
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 <u>Raymond Hand</u> (Degree or title) <u>Coroner Clayton, Missouri</u>		22b. ADDRESS	22c. DATE SIGNED <u>9/27/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9/18/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis county, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Charles J. Gates, 4107 Finney</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Wenzel</u>

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 Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student

Raymond Dickson
Signature of Student Embalmer

Signed

Dwight Swan

Licensed Embalmer No. 44580

P. O. Address 4107 Finney

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.