

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044028

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11424**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1	
2	212
3	
4	2
5	1
6	
7	1
8	2
9	
10	
11	
12	71-0
13	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

1. FILED NOV 30 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		Mo.	
Length of stay in 1b 4 days		c. CITY OR TOWN	Inside Limits
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION People's Hospital		St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS	Reside on Farm
		4574 Newberry Terr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last Booker Brown			Month Day Year Nov. 25 1962
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	Negro		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Jan 10 1905 57 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
Civil Service		Aeronautical Chart	Miss U.S.A.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Chalmers Brown		Irris Porter	Mattie Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		17. INFORMANT	Address
No		Mattie Brown	4574 Newberry Terr
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Cerebral Hemorrhage - 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			Hypertensive Heart Disease 6 mos.
DUE TO (b)			Pleural Effusion (RH) 1 mo.
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.
			443XA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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			
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 11-21-62 to 11-25-62 and last saw him alive on 11-25-62		Death occurred at 12:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A.E. Hale M.D.		22b. ADDRESS 822 N. Jefferson	22c. DATE SIGNED 11/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	Nov. 30, 1962	Greenwood Cemetery	St. Louis County Mo.
24. FUNERAL DIRECTOR	ADDRESS		25. DATE RECD. BY LOCAL REG.
E.B. Koonce	1221 N. Grand		NOV 27 1962
		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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

*Larence Proems*

Licensed Embalmer No. 4755

P.O. Address 1221 Green

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.