

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014081

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 763

FILED APR 2 1963

VS 300
Rev. 4/59

1 4002

2 270

3

4 2

5 0

6

7 0

8 1

9 981X

10

11 1245-3

13 45

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

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>Clayton</u>		Length of stay in 1b <u>1-10</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4221 W. Ashland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM EDWARD BROWN</u>			4. DATE OF DEATH Month Day Year <u>March 1, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/21/35</u>
9. AGE (last birthday) <u>27</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>	IF UNDER 24 HR. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheraton-Jeff. Hotel</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>Booker T. Terry</u>	
13b. MOTHER'S MAIDEN NAME <u>Bernice Brown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>		17. INFORMANT Address <u>Bernice Bratcher, 4221 W. Ashland</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>Brain damage, subdural and subarachnoid hemorrhage.</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Multiple gunshot wounds of head</u>			
DUE TO (c) <u>981X</u>			
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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Gunshot wounds delivered at hands of another person or persons</u>	
20c. TIME OF INJURY Hour <u>3:45</u> p.m. Month, Day, Year <u>2/28/63</u> <u>approx.</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>vacant lot</u>	
20e. CITY, TOWN, OR LOCATION <u>Kinloch</u>		COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>2:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond H. Hark</u> (Degree or title) Coroner		22b. ADDRESS <u>Clayton, Missouri</u>	22c. DATE SIGNED <u>3/11/63</u>
23a. BURIAL, CREMATION, REMOVAL, SPECIFIC <u>REMOVAL</u>		23b. DATE <u>3/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
23d. LOCATION (City, town, or county) <u>Jefferson Barracks, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Charles J. Gates, Jr., 4107 Finney</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-63</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>

APR 15 1966

STATEMENT BY LICENSED EMBALMER

2-24

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 _____
Signature of Student Embalmer

Signed Quinton Swan

Licensed Embalmer No. 4580

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.