

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

9746-63-037392

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

FILED OCT 4 1963

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Ste. Genevieve**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 day**

c. CITY OR TOWN **Ste. Genevieve** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis - Little Rock Hospitals, Inc.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **890 Ste. Genevieve Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Ola** Middle **Mae** Last **Brown**

4. DATE OF DEATH Month **September** Day **28** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **6-1-1912** 9. AGE (last birthday) **51** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Missouri** 11. BIRTHPLACE (City and state or country) **U.S.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Owen Rector** 13b. MOTHER'S MAIDEN NAME **Mary Knight** 14. NAME OF HUSBAND OR WIFE **Jestion J. Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of **No**) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Jestion Brown, Ste. Genevieve, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **My pertussive Heart Disease**
DUE TO (b) **Nephrosclerosis**
DUE TO (c) **442x**

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Arterio sclerosis, gen'l**

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 Month, Day, Year a.m. p.m.

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 **September 27, 1963** to **Sept. 28, 1963** and last saw her ^{her} ~~him~~ alive on **Sept. 28, 1963**
Death occurred at **3:15 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) **Charles Krouer, M.D.** 21b. ADDRESS **1755 South Grand Blvd.** 21c. DATE SIGNED **9-29-63**

22a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 22b. DATE **10-1-63** 22c. NAME OF CEMETERY OR CREMATORY **Valle Springs Cemetery** 22d. LOCATION (City, town, or county) (State) **Ste. Genevieve, Mo.**

24. FUNERAL DIRECTOR **Basler Funeral Home - Ste. Genevieve, Mo.** ADDRESS **SEP 30 1963** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

MAR 24 1964

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo.

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.