

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

63-046284  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3611

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
1 4003  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED DEC 16 1963**

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
STATE Missouri COUNTY St. Louis  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 10 days  
c. CITY OR TOWN Ballwin Inside Limits Yes  No   
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 258 Geremma Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Marie Brown  
4. DATE OF DEATH Month Day Year November 24 63

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 2/15/23 9. AGE (last birthday) 40 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) Housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) St. Louis County, Mo. USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Crews 13b. MOTHER'S MAIDEN NAME Hattie Longworth 14. NAME OF HUSBAND OR WIFE Clifford R. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Clifford Brown 258 Geremma Drive Ballwin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) acute interstitial pneumonia  
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) Had relief of intestinal obstruction by surgery on Nov. 20, 1963  
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 a.m. p.m. Month, Day, Year

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 Nov. 24 to Nov. 24, 1963 and last saw her alive on Nov. 24, 1963  
Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hogancamp, M.D. 22b. ADDRESS 135 W. Adams Ave., Kirkwood, Mo. 22c. DATE SIGNED Nov. 24, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-27-63 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri

24. FUNERAL DIRECTOR Schrader's ADDRESS Ballwin, Missouri 25. DATE RECD. BY LOCAL REG. 11-26-63 26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI

**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 Richard Popp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.