

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo.

Registration District No. 791  
Primary Registration District No. 1003

File No. 37825  
Registered No. 11483

**2. FULL NAME**

(a) Residence. No. Washington St., 9 Ward.

Washington Mo.  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Lotte Braun

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
7-51 | 7 | 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Wachner & Witt  
(Address) Washington Mo.

15. FILED 1925 Nov 11 1925 Paul Starkeoff  
REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1925

17. I HEREBY CERTIFY That I attended deceased from Nov 30 to Dec 9 that I last saw him alive on Dec 9 and that death occurred on the date stated above, at 11:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Stomach  
6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

Dr. Schaefer M.D.  
410, 1915 (Address) 1537 No. Groves

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Washington Mo. DATE OF BURIAL Dec 11, 1925

20. UNDERTAKER

Wachner & Witt ADDRESS Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

