

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

Do not use this space.

8269

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City..... **St. Louis, Mo.** (No. **City Hosp. Wz**)..... St. Ward)

File No.....
 Registered No. **1448**

2. FULL NAME

Julien Esther Brown
 (a) Residence. No. **2122 Raudolph**, St. **22** Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. **9** mos. **28** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **_____**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 11/1926**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	9		28	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **nil**
 (b) General nature of industry, business, or establishment in which employed (or employer) **_____**
 (c) Name of employer **_____**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Lennie Brown**

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

12. MAIDEN NAME OF MOTHER **Fannie Mitchell**

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

14. INFORMANT **Dr. F. Woodard**
 (Address) **City Hospital #2**

15. FILED **FEB 11 1927** **Max S. Arkoff**
 19..... REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 9 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 27**, 1927, to **Feb 9**, 1927, that I last saw h. alive on **Feb 9**, 1927, and that death occurred, on the date stated above, at **12 P.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
1078 (primary)
 (duration) yrs. mos. **17** ds.

CONTRIBUTORY (SECONDARY) **1000**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **_____**
 IF NOT AT PLACE OF DEATH,.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Chemical & Laboratory**
 (Signed) **F. W. Wacey**, M. D.
 , 19 (Address) **City Hosp. Wz**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood Cemetery** DATE OF BURIAL **2/13 1927**

20. UNDERTAKER **Dunn Bros** ADDRESS **2158 Jefferson Ave**

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.

