

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

Do not use this space.

45137

15404

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 008

City. St. Louis Mo.

No. St. Louis Children's Hospital St.

File No.

Registered No.

4338

Ward)

**2. FULL NAME**

Arthur Brown

(a) Residence. No. 5957a Walnut St. 6 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

12-28-27

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis Missouri

**10. NAME OF FATHER**

J. A. Brown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Bozette Missouri

**12. MAIDEN NAME OF MOTHER**

May Combs

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Monett Missouri

**14.**

INFORMANT (Address)

L. Kaetting 500 S. Kings Highway

**15.**

FILED

APR 21 1928

Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

4-19 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from 4-13, 1928 to 4-19, 1928

that I last saw him alive on 4-19, 1928, and that death occurred, on the date stated above, at 2:55 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Primary Broncho pneumonia

**CONTRIBUTORS (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Home

**DID AN OPERATION PRECEDE DEATH**

No

DATE OF

**WAS THERE AN AUTOPSY**

Yes

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed)

(Address)

Chas. Evans  
St. Louis Children's Hospital

\*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**

**DATE OF BURIAL**

Wak Grove Cemetery

4-21 1928

**20. UNDERTAKER**

**ADDRESS**

Geo. L. Pleitach 5966 Easton Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS AN PERMANENT RECORD

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.

