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

Do not use this space.

18320

1. PLACE OF DEATH
County: St Louis
Registration District No.: 786
Township: Central
Primary Registration District No.: 4469
City: St. Louis Mo. (No. 2058 Yale Av. St. ..... Ward)

File No. .....
Registered No. 36

2. FULL NAME John Brown
(a) Residence: No. 2058 Yale Av St., ... Ward. .....
(Usual place of abode) (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: male
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: Lillie Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29-1868

7. AGE: Years 59 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): " 17
(c) Name of employer: [illegible]

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Luther Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Pauline Day
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Lillie Brown
(Address): 2058 Yale Av.

15. FILED: 5/25, 1928 Mercedes Schuster, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to May 24, 1928, that I last saw him alive on May 30, 1928, and that death occurred, on the date stated above, at 12 05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lethargic Encephalitis

..... (duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Terminal Pneumonia

..... (duration) ..... yrs. ..... mos. 3 ds.

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? Clinical Findings

(Signed) Joseph McNeadney, M. D.
5/25, 1928 (Address) 7171 Manchester Av. Mo.

*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: Malden Mo. | DATE OF BURIAL: May 26 1928

20. UNDERTAKER: E. J. Schmer | ADDRESS: 3125 Lafayette Av

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.

THIS IS A PERMANENT RECORD