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

Do not use this space.

19371

File No. 5811

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. 1003

City St. Louis (No. 507 a, 2 22nd St. Ward)

2. FULL NAME Hazel R. Brown

(a) Residence. No. 507a 2 22nd 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1926

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	2	18	

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

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

PARENTS

10. NAME OF FATHER William Brown

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

12. MAIDEN NAME OF MOTHER Julia Washington

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

14. INFORMANT William Brown
(Address) 507 a 2 22nd St.

15. FILED MAY 29 1928 Mrs. C. Stark Clk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 25, 1928 that I last saw alive on May 26, 1928, and that death occurred, on the date stated above, at 10-10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) J. L. Fielder M. D.

May 29 1928 (Address) 2813 Choteau

*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 — DATE OF BURIAL 5/29 1928

20. UNDERTAKER A. Russell Und. Co. — ADDRESS 2732 Pine St.

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.

WHITE FAMILY, WITH OTHER BLANKS—THIS IS A PERMANENT RECORD 2278 N