

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

Do not use this space.

43654-W21

1. PLACE OF DEATH

County..... Registration District No. **791**

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

City **St. Louis** (No. **City St. Louis**)

File No.

Registered No. **25**

St. Ward)

2. FULL NAME

(a) Residence. No. **3010 Easton St., 21** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** 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

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

May 29 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

39 7 2

8. OCCUPATION OF DECEASED

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

Cauler

(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)

Missouri

10. NAME OF FATHER

Henry Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mary Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

*St. Louis
City Hospital*

15.

FILED

NOV - 2 1929

Max C. Parker

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Dec 31 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Dec 17 1928* to *Dec 31 1928* that I last saw him alive on *Dec 31 1928* and that death occurred, on the date stated above, at *10* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Otitis media of the Right Ear

10 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

15 1/2 *Broncho pneumonia*

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

100%

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *John W. ...* M. D.

17 19 *28* (Address) *City St. Louis*

*State the DISEASE CAUSING DEATH, or if 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

St. Matthews Cem. Jan 2 1929

20. UNDERTAKER

ADDRESS

B. J. Schum 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.

Grooms.