

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

Do not use this space.

13211

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. _____ Ward _____

File No. _____
 Registered No. 3771
 St. _____ Ward _____

2. FULL NAME

Louis Brent

(a) Residence No. 1234 N 15 St., 25 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 mal 4. COLOR OR RACE Cal 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) 5. 10. 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 10 15

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Louis Brent
 (Address) 1234 N 15 St. St. Louis

15. MARRIED 28 1929 FILED May 2 1929
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mch 25 1929
 17. I HEREBY CERTIFY That I attended deceased from Nov 18, 1928 to March 15, 1929.
 that I last saw him alive on mch 20, 1929, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Emboli
93C
E.E.P.

CONTRIBUTORY (duration) yrs. mos. ds.
Chronic Myocarditis
 (duration) yrs. mos. 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?
 (Signed) W Moore M.D.
3-25, 1929 (Address) 1336 Franklin

*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
Greenwood Cemetery 3-29 1929

20. UNDERTAKER ADDRESS
American Under Co 809 N 19

WHITE PAPER, WITH UNFADING INK---THIS IS A 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.

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