

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

Do not use this space.

20115

**1. PLACE OF DEATH**

County.....  
 Township City Hoop #2 Registration District No. 791  
St Louis Primary Registration District No. 1003  
 City..... (No.....) St..... (Ward)

File No.....  
 Registered No. 5778  
 St..... (Ward)

**2. FULL NAME**

William Brown  
 (a) Residence. No. 3209 A Leclerc St. 21 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-22-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 7 1

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

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

10. NAME OF FATHER Wm Brown

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

12. MAIDEN NAME OF MOTHER Not know

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

14. INFORMANT Anna F. Wepfer  
 (Address) City Hoop #2

15. FILED 26 1929 May & Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-23 1929

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1929, to May 23, 1929, that I last saw him alive on May 22, 1929, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr Myocarditis  
131  
931 (duration) yrs. 5 mos. da.  
 CONTRIBUTORY (SECONDARY) Chr Nephritis  
 (duration) yrs. 5 mos. da.

18. WHERE WAS DISEASE CONTRACTED? Home  
 WHAT PLACE OF DEATH? no  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. W. Leathers M. D.  
5/23, 1929 (Address) City Hoop #2

\*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 Stater Dickson DATE OF BURIAL May 26, 1929

20. UNDERTAKER Chas E. Vetter ADDRESS: 3030 Bell

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

