

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

Do not use this space.

20142

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis Mo. (No. 1422)
 Registration District No. 791
 Primary Registration District No. City of St. Louis
 File No. 1
 Registered No. 5805
 St. Ward

2. FULL NAME

(a) Residence. No. 1422 a Biddle 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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-7-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER Geo. Brown

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

12. MAIDEN NAME OF MOTHER Louise Brown

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

14. INFORMANT Geo. Brown
 (Address) 1422 a Biddle St.

15. FILED MAY 27 1929
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 19 29.

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 10:00 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Bronchopneumonia
Secondary
9 (duration) yrs. mos. ds.

CONTRIBUTORY Whooping Cough
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS

5/25/29 Dr. W. F. Thomas, M.D.
Dep. Coroner (Address)

*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 Blenwood Cemetery DATE OF BURIAL 5-27-29

20. UNDERTAKER Act. Deal and Co. ADDRESS 2226 S. Main Ave.

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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