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

Do not use this space.

7305

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2234

City St Louis Mo. (No. 2828 Franklin Ave St. ..... Ward)

2. FULL NAME David Brown

(a) Residence. No. 2828 - Franklin 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 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)
Male	Col.	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12th 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	7	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In Coal and Ice

(b) General nature of industry, business, or establishment in which employed (or employer) Business for Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sumterville Ala
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Richard Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known Ga
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hettie Price

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

14. INFORMANT Annie Daniels
(Address) 2828 - Franklin Ave.

15. FILED ....., 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 27 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1930, to Feb. 27, 1930, that I last saw him alive on Feb 27, 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) History

(duration) ..... yrs. 6 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? Clinical Symptom

(Signed) S B Walthall, M. D.

, 19 (Address) 1001 D. Jefferson

*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
Washington Park	3-5 1930
20. UNDERTAKER	ADDRESS
A. L. Blal Und. Co	2726 Sucasove

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.

160

2