

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

Do not use this space.

17393

**1. PLACE OF DEATH**

County St. Louis Mo. Registration District No. 791  
 Town St. Louis Mo. Primary Registration District No. 1003  
 City St. Louis Mo. (No. 5346 Lotus Ave.)

File No. 4459  
 Registered No. 4459  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 5346 Lotus Ave. St. 6 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7, 1928</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>10</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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 _____		

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-3-1930  
 17. I HEREBY CERTIFY, That I attended deceased from April 25, 1930, to May 3, 1930, that I last saw him alive on May 3, 1930, and that death occurred, on the date stated above, at 12:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchio  
Primary (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Pneumonia  
 CONTRIBUTORY (SECONDARY) of influenza now  
epitheliectic (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 107A  
 IF NOT AT PLACE OF DEATH 115A  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Francis J. McLaughlin M. D.  
5/3, 1930 (Address) West 4th St

\*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.

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

10. NAME OF FATHER James Brown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 12. MAIDEN NAME OF MOTHER Marquette Smith  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Oliver Brown  
 (Address) 5346 Lotus Ave

15. FILED May 9, 1930 Thas G. Starker REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL May 5, 1930  
 20. UNDERTAKER J. J. Quinn ADDRESS 1522 Grand

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.

