

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

Do not use this space.

29640

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1043
 City St. Louis Mo (No. City Hospital 2) St. _____ Ward _____

File No. _____
 Registered No. 8671
 St. _____ Ward _____

2. FULL NAME

Henry C. Brown
 (a) Residence, No. 2804 a Standard 21 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. 7 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1925
 7. AGE YEARS 5 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mill
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Engene Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Victoria Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Walter D. Heath
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blacksill DATE 8/12 1931

19. UNDERTAKER (ADDRESS) R. M. C. Green
3577 Oakland Ave.

20. FILED AUG 11 1931 W. C. Harber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10- 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1931 to 8-10 1931

I last saw him alive on 8-10 1931. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

107A
Broncho Pneumonia 10 day
Primary
 Other contributory causes of importance:
107A
8
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) C. M. Smith _____ M. D.
 (Address) City Hospital 21

WRITE PLAINLY, 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.

