

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

Do not use this space.

10508

1. PLACE OF DEATH

County St. Louis ✓ Registration District No. 707
Township 1003 Primary Registration District No. 1003
City St. Louis No. City Hospital

File No. _____
Registered No. 2572
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4223 Olive St., 19 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life yrs. 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 white 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) Mar. 15-1895

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
| | <u>37</u> | <u>X</u> | <u>X</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 253 234

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutchison Sugg company

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME James A. Brown

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

15. MAIDEN NAME Unknown Stackhose

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 3-19-32

19. UNDERTAKER (ADDRESS) Dr. Dupont & Sons

20. FILED 11 11 1932 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1932 to Mar 15th 1932
I last saw him alive on Mar 15th 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Neuritis (Staphylococic)
Date of onset _____

Other contributory causes of importance Pulmonary tuberculosis

Name of operation none 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) W. J. ... M. D.
(Address) City Hospital

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.

Brown