

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

Do not use this space.

14415

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital)

File No.....
Registered No. 3753
St. Ward)

2. FULL NAME

(a) Residence, No. 1721 Carroll St. 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</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>April 14, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
		<u>3</u>
OCCUPATION	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.	
	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)	<u>St. Louis, Mo.</u>	
FATHER	13. NAME <u>Ray Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Restonville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. Mildred Lockhart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. HOSPITAL INFORMATION (ADDRESS) <u>City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>4/19</u>		
19. UNDERTAKER (ADDRESS) <u>Ms. Laughlin, 1631 Missouri Ave</u>		
20. FILED <u>APR 18 1932</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14th 1932 to April 17th 1932
I last saw him alive on April 17th 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage at Birth
Date of onset

Other contributory causes of importance:
160 B 160 B 160 B

Name of operation None Date of Apr 17
What test confirmed diagnosis? W.C.C.C. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 4/17, 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. H. McCoy, 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.

J. Brown