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

Do not use this space.

41400

1. PLACE OF DEATH
County: St Louis
Township: Bonhomme
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. .....
Registered No. 20

2. FULL NAME Joseph Brown
(a) Residence. No. Pine & Beach St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Eliza Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 7 1849

7. AGE: YEARS 83 | MONTHS 6 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known 31
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs Paul Rose
(Address) Pine & Beach Mo

15. FILED 12/24 1932 C E Barnett Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): DEC 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 26, 1932 that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 2:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
" " (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) The Senility
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: ①
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J O Pike, M. D.
12-28, 1932 (Address) Eureka Mo

*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: Allenton Cemetery
DATE OF BURIAL: Dec 29 1932

20. UNDERTAKER: J G Koch
ADDRESS: Fenton Mo

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.

...ING INK—THIS IS A PERMANENT RECORD