

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

Do not use this space.

3041

1. PLACE OF DEATH  
 County St. Louis Registration District No. 701  
 Township Central Primary Registration District No. 1  
 City Pine Lawn (No. Tiermons Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John J. Brown Sr  
 (a) Residence No. 6228 Bardenella St. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 11 27

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

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

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) St. Louis Mo

13. NAME John Joseph Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Anna Larsen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen Denmark

17. INFORMANT Mrs Alma Brown  
 (ADDRESS) 6228 Bardenella

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cemetery DATE Jan. 31 1933

19. UNDERTAKER L. B. Turner  
 (ADDRESS) 6107 Natural Bridge Rd

20. FILED 1-30-1933 Wells Drury H. D.  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:  
Patient strangled through neck just above sternal notch with a large pair of wall paper hanger disengaging completely trachea, leaving same debris only left being. He immediately thereafter to death within a few minutes. We the jury find that John Brown came to his death by as self inflicted Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis \_\_\_\_\_ as there an autopsy?

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 \_\_\_\_\_ (Specify) Subcutaneous, M. D.  
 (Address) 3718 Jennings Pl  
Corona St Louis Mo 63108 1/30/33

CAUSE OF DEATH

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 789  
Primary Registration District No. 6033 B

File No. \_\_\_\_\_  
Registered No. 18-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John J. Brown

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS 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. \_\_\_\_\_  
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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 1-30- 1933 Irrela Gray M.D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1933

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

self-inflicted wound with paper hangers shears Date of onset \_\_\_\_\_

Other contributory causes of importance: suicide

Name of operation 168 Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESENTED

N. B.—CAUSE OF DEATH

S-3041

Cancelled