

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 207
Township..... Primary Registration District No. 100
City St. Louis, Missouri 500 So. Kings Highway
St. Louis children's Hosp

File No. 7803
Registered No. 1773
St. _____ Ward)

2. FULL NAME Brown, James B

(a) Residence, No. 5517 So. Kings Highway 2 Ward. (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31, 1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>20</u>
		If LESS than 1 day, hrs. or min.
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)	
	<u>child</u>	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1933

22. I HEREBY CERTIFY, that I attended deceased from 2/9 1933, to Feb 20 1933
I last saw him alive on Feb 19 1933 Death is said to have occurred on the date stated above, at 5 am
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia primary 107A 107A 107A
Date of onset 2/9/33
Other contributory causes of importance:

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

13. NAME William Brown

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

15. MAIDEN NAME Madeline Klinedinst

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

17. INFORMANT R. F. Anthony R.N (ADDRESS) 500 So. Kings Highway St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Feb 22 1933

19. UNDERTAKER Anthony J. Donnelly (ADDRESS) 3242 Lindell St. St. Louis

20. FILED FEB 21 1933 W. J. Stroup Registrar.

Name of operation..... 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 W. J. Stroup M. D.
(Signed) W. J. Stroup (Address) 137 So. Washington

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.

