

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

Do not use this space.

21688

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City M. Louis (No. 4413, Lee Ave) St. Ward)

File No.
Registered No. 5488
St. Ward)

2. FULL NAME

George Washington Brown
(a) Residence, No. 4413 Lee St., 10 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to June 23, 1933
I last saw him alive on June 23, 1933 Death is said to have occurred on the date stated above, at 3:15 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 73, 1858

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 0 0

Cerebral Hemorrhage Date of onset June 19 1933
82A
97 82A

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

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

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

Other contributory causes of importance: Arterio sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation none Date of 0

13. NAME W^m Brown

What test confirmed diagnosis? none Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Conk Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mattie Brown (ADDRESS) 4413 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Katharine DATE 6-26-33

19. UNDERTAKER (ADDRESS) Stroph and Co 3710 N. Grand Bldg

20. FILED 21 1933 J. Bredeck Registrar

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? No

If so, specify none

(Signed) R. D. Bigler, M. D.
(Address) 415 1/2 Meigswood av.

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.

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RECORD WITH EMPLOYING INSTITUTION—THIS IS A PERMANENT RECORD

4158 N. Newstead - Righter Hill.